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ROYAL COMMISSION OF INQUIRY INTO CERTAIN
DEATHS AT THE HOSPITAL FOR SICK CHILDREN AND
RELATED MATTERS.

Hearing held
8th floor
180 Dundas Street West
Toronto, Ontario

| | |
|--|-------------------|
| The Honourable Mr. Justice S.G.M. Grange | Commissioner |
| P.S.A. Lamek, Q.C. | Counsel |
| E.A. Cronk | Associate Counsel |
| Thomas Millar | Administrator |

Transcript of evidence
for

April 3, 1984

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Hearing held on the 8th Floor,
180 Dundas Street West, Toronto,
Ontario, on Tuesday, the 3rd day
of April, 1984.

THE HONOURABLE MR. JUSTICE S.G.M. GRANGE - Commissioner
THOMAS MILLAR - Administrator
MURRAY R. ELLIOT - Registrar

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|----------------------|--------------------------------|
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| | and 35 Registered Nurses at |
| | The Hospital for Sick Children |

(Cont'd)...



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APPEARANCES: (Continued)

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| F.J. SHANAHAN | Counsel for Mr. & Mrs. Dominic Lombardo (parents of deceased child Stephanie Lombardo); and Heather Dawson (mother of deceased child Amber Dawson) |
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| J. SHINEHOFT | Counsel for Lorie Pacsai and Kevin Garnet (parents of deceased child Kevin Pacsai) |



INDEX OF WITNESSES

| <u>NAME</u> | <u>Page No.</u> |
|-------------|-----------------|
|-------------|-----------------|

| | |
|--------------------------------|------|
| <u>NELLES</u> , Susan; Resumed | 8126 |
|--------------------------------|------|

| | |
|--------------------------|------|
| Examination by Mr. Lamek | 8126 |
|--------------------------|------|

| | |
|----------------------------------|------|
| Cross-Examination by Mr. Strathy | 8337 |
|----------------------------------|------|

INDEX OF EXHIBITS

| <u>No.</u> | <u>Description</u> | <u>Page No.</u> |
|------------|--------------------|-----------------|
|------------|--------------------|-----------------|

| | | |
|-----|---|------|
| 392 | Notes prepared by Susan Nelles re. death of Allana Miller. | 8263 |
|-----|---|------|

| | | |
|-----|---|------|
| 393 | Handwritten notes prepared by Susan Nelles the 19th of March, 1981. | 8273 |
|-----|---|------|



M/ak

1
2 --- Upon commencing at 10:00 a.m.

3 THE COMMISSIONER: Yes, Mr. Lamek.

4 MR. LAMEK: Thank you, sir.

5 SUSAN NELLES, Resumed

6 EXAMINATION BY MR. LAMEK: (Continued)

7 Q. Miss Nelles, at the end of
8 the day yesterday we were discussing the death of
9 Baby Gosselin you will remember. Before I go on
10 to other children who died on the ward, I would like
11 to go back if I may to a couple of other matters
12 which we mentioned yesterday.

13 First with respect to constant and
14 shared care assignments you told me that, as I
15 guess we had already heard from prior witnesses,
16 when a nurse who was on such an assignment
17 was relieved for a break it was by another registered
18 nurse.

19 A. Usually, yes.

20 Q. Well, I had understood you
21 to say yesterday for a break it was always by an
22 RN - on the night shift?

23 A. Not necessarily. It would be
24 ideal that an RN should relieve an RN for constant
25 care but if for some reason there wasn't enough
staffing on the floor, in other words, the team



1
2 leader was busy for instance and she was the only
3 other RN on the floor.

4 Q. Yes.

5 A. Then there may be a necessity
6 for an RNA.

7 Q. Okay. Do you recall any
8 occasion that night in the period about which we
9 are talking where you had a constant or shared care
10 nursing assignment and you were relieved for a
11 break by someone other than an RN?

12 A. In the time that we have
13 talked about so far?

14 Q. Yes.

15 A. I don't remember, no.

16 Q. Okay.

17 THE COMMISSIONER: I am sorry, I
18 have to know what that means. Does that mean that
19 you don't remember whether or not or does it mean
20 you don't remember an occasion?

21 THE WITNESS: I don't remember an
22 occasion.

23 THE COMMISSIONER: That's fine,
24 thank you.

25 MR. LAMEK: Q. But you were unable
to recall yesterday who it was who had relieved you



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on a couple of occasions that we did look.

A. I don't remeber at all, no.

Q. Are you able to tell me on the occasions when you were providing constant or shared care nursing who usually relieved?

A. I really don't think there was a set pattern.

Q. Okay. We talked yesterday too about Antonio Adamo, you will remember he died October 19th in the afternoon about 5:45 in the afternoon and we agreed yesterday you were not on duty at the time of that death?

A. That's right.

Q. I asked you whether you recalled any discussion of surprise or puzzlement about the child's death and I think you told me that no you did not.

A. That's right.

Q. Do you have any recollection of Phyllis Trayner ever expressing to you, or in your hearing to anyone else, any concern about Adamo's death?

A. I don't recall that, no.

Q. Or indeed anybody from 4A/B?

A. No, I don't.



1
2 Q. Okay. We talked too about
3 what I call the preparation of arrest drugs against
4 the possibility of an arrest occurring and you said
5 you recall that having been done once, perhaps
6 twice.

7 A. Right.

8 Q. You couldn't recall the
9 children?

10 A. Right.

11 Q. Do you recall whether on the
12 occasion or occasions that you do recall you were
13 working a day or a night shift?

14 A. The occasion that I specifically,
15 or that I remember something to the effect of drugs
16 being prepared beforehand was at night.

17 Q. I'm sorry, was at --

18 A. Was at night.

19 Q. Thank you. And on that
20 occasion, albeit you cannot remember the child in
21 question, it was Mrs. Trayner that you saw do that
22 you said.

23 A. I recall her saying that she
24 was going to prepare some of the emergency drugs
25 and I recall seeing her bring a tray in, yes.

Q. And thereafter that shift



1
2 did a patient in fact arrest and die?

3 A. I don't think so but again
4 I can't be sure.

5 Q. All right. And I take it
6 you have no recollection as to the interval of time
7 that elapsed between her preparing the drugs and
8 the arrest if one occurred?

9 A. No, I'm sorry, I don't.

10 Q. Now, we had a question yesterday,
11 Miss Nelles, when we looked at the Philip Turner
12 chart, in particular the medication sheet, and I
13 said I would take a look at the original which is
14 rather more legible and perhaps we can look at it
15 together. I can't direct you to a page reference
16 there, Mr. Commissioner.

17 THE COMMISSIONER: I'm sorry, which
18 chart are we on?

19 MR. LAMEK: Philip Turner.

20 THE COMMISSIONER: This was the
21 medication chart?

22 MR. LAMEK: The medication sheet
23 in the Philip Turner chart, yes, sir.

24 . You will remember, Miss Nelles,
25 that we were puzzled because against the digoxin
order there appeared to be four times for



1
2 administration?

3 A. That's right.

4 Q. In fact, when we look at the
5 legible original it appears does it not that on
6 the medication sheet the initial digoxin order on
7 the left hand page as we are looking at it written
8 on, what is that, the 27th of July?

9 A. Yes.

10 Q. Was for .005 milligrams of
11 digoxin IV twice per day?

12 A. Right.

13 Q. And that I take it was an
14 administration that nurses were not permitted to
15 make?

16 A. That's right.

17 Q. And then there are times
18 listed in the time column, 0300, and the next line
19 has the word 'checked' and then 1500 and below that
20 'checked'. Now, can you help us please as to why
21 there is a line for 'checked' on the medication
22 sheet?

23 A. I'm not exactly sure why that
24 is written there, I can only surmise that perhaps
25 they meant either that because it was being given
intravenously that you would sign your name although



1
2 it would be given by the physician. So, in other
3 words, it would be checked or that before you
4 actually administer the medication perhaps in each
5 instance you were to check with the physician before
6 giving it.

7 Q. Well, let's go back. You
8 wouldn't be giving it, would you, and by you I mean
9 the nurses? If it was an IV administration you
10 couldn't administer that?

11 A. Right, but you would draw it
12 up and have it ready.

13 Q. Okay.

14 THE COMMISSIONER: We went through
15 this way back when I remember because I think the
16 later system did have two lines where two nurses
17 had to sign in for these administrations.

18 THE WITNESS: We always had to do
19 it.

20 THE COMMISSIONER: You always had
21 to do it but you didn't always have to sign the
22 two names?

23 THE WITNESS: Right.

24 THE COMMISSIONER: But I think
25 afterwards, perhaps after this period. But you
say the word is checked, is it?



1
2
3 THE WITNESS: Yes.

4 MR. LAMEK: Yes, it is.

5 THE COMMISSIONER: There is
6 certainly no 'ed', and I'm looking at page 140 on
mine, that may not be the same.

7 MR. LAMEK: If you look back on
8 the previous page, sir, you are quite right on page
9 140 the word is 'checked' but on page, I assume it
10 is the preceding page in yours as it is here, the
11 word is 'checked'. But it appears does it not
12 that certainly for the order written on the 27th
13 of July the administrations were to be IV at
3 o'clock in the morning, 3 o'clock in the afternoon.

14 THE WITNESS: That's right.

15 MR. LAMEK: Q. And each dose was
16 to be checked?

17 A. Right.

18 Q. All right. And then when we
19 go to the next page there is an order written on
20 July 28 and the route of administration has now
21 been changed, the same dose has now been given by
22 mouth twice a day. Once again the times appear to
23 be the same, 0300 and 1500 and each is to be checked.
24 It appears that on the 28th, at least in the
25 afternoon of that day, the 3 o'clock dose was given



1
2 and signed off and a separate signature appears
3 against the check.

4 A. Right.

5 Q. And then in the afternoon
6 on the 29th digoxin was apparently held, as it was
7 for both doses on the 30th, and then it appears
8 does it not that on the 31st the times were changed
9 to the usual times of 9:00 a.m. and 9:00 p.m.

10 A. Right.

11 Q. And it was you who signed for
12 the 9:00 p.m. administration?

13 A. Right.

14 Q. But there does not appear to
15 be any requirement at that stage, or any compliance
16 for any requirement for a signature of checking?

17 A. No.

18 Q. And indeed as we have under-
19 stood it at that stage oral administrations of
20 digoxin, although the dose was checked, did not
21 have to be signed by two nurses?

22 A. Right.

23 Q. Okay. Well, we may not greatly
24 have resolved the mystery but we have briefly
25 clarified the writing on the page.

A. Right.



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Q. Now, can we go back then to the chronological march through the deaths, Miss Nelles? We saw reference in the communications book yesterday to nurses stating a preference for time off, Christmas or New Year.

A. Yes.

Q. And I take it that was the normal order of things, you would see whether you wanted to take the Christmas break or the New Year break.

A. Yes, you usually put your

Q. All right. Was that a seniority system?

A. I think that is primarily how it worked, yes.

Q. Okay. In 1980 as I understand it you chose to take time off during Christmas?

A. Right.

Q. And you were away from the ward I believe and from the Hospital presumably from the morning of December 18th when you came off the long night shift until the evening of Saturday, December 27 when you came on duty. Do I have that correctly?



1

2

A. To my recollection, yes.

3

4

Q. All right. Well, in fact,
we could refer to the WIN sheets which is where
my information comes from if you do want to check

6

7

A. I'm sure you're right.

8

9

10

In fact, there are two sheets
for the week December 15 to December 21 and the
second in my collection of the WIN sheets is crossed
out. The first one seems to be the applicable one.

11

A. Right.

12

13

14

Q. It appears does it not for the
week of December 15 to 21 you worked the long nights
of December 17 and 18?

15

A. That's correct.

16

17

Q. I'm sorry, you went off then
the morning of the 19th not the 18th, you were
quite right to check.

18

A. Yes.

19

20

21

Q. You were not scheduled for
work again that week and in the following week,
the week of December 22nd, you took two statutory
holidays?

22

A. That's right.

23

24

Q. On the Tuesday and Wednesday
and a floating holiday on the Thursday?

25

A. Right.



B
DP/cr

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Q. You were not scheduled to work on the Friday and you came into work Saturday evening for the long night shift?

A. That is right.

Q. As events turned out for you subsequently, that was a very happy choice of time off for you, was it not, because you were away from the Hospital when Stephanie Lombardo died in the early hours of December 23rd, were you not?

A. Yes, I was.

Q. And when Jesse Belanger died in the evening of December 28 about 8 o'clock you had just come on long night duty I believe?

A. That is right.

Q. Did the day team stay to take care of Jesse Belanger in the final stages of that arrest?

A. That is my recollection, yes.

Q. Where were you on December 22 and December 23?

A. I was at home in Belleville.

Q. Were you in Toronto at all on either of those days?

A. No, I was not.

Q. Belanger, we know from the



1
2 chart, had been transferred into the ward from
3 Ward 7G on the afternoon of December 28th and there-
4 fore had not been on 4A the previous night when you
5 had worked. Is that right?

6 A. Right.

7 Q. Do you have any recollection
8 of the Lombardo child?

9 No, I do not.

10 Q. And Belanger so far as I can
11 see, you had no contact with at any time?

12 A. I may have assisted with the
13 arrest because it had occurred at change of shift
14 and we may have helped to some extent indirectly,
15 but I don't recall

16 Q. Other than that you cannot
17 recall any contact you ever had with either of the
18 children?

19 A. That is right.

20 Q. I take it therefore, Miss
21 Nelles, that it is your evidence that if digoxin
22 was administered to either of those patients, or
23 found in the body of either of those patients, you
24 had nothing to do with its being there?

25 A. That is right.

THE COMMISSIONER: Did you ever have



1
2 any difficulty, Miss Nelles, confusing digoxin with
3 anything else?

4 THE WITNESS: No, sir.

5 MR. LAMEK: Q. During the period of
6 your vacation, the 19th to the 27th, were you in the
7 hospital at all, Miss Nelles?

8 A. No, I was not.

9 Q. Now we have heard that the
10 wards were combined over the Christmas period.
11 There was a smaller population of patients and a
12 smaller complement of nurses on duty. What is
13 your recollection as to when the wards separated
again and went back to their normal operation?

14 A. I cannot remember exactly
15 when it was. I don't recall that the wards were
separated before I left.

16 Q. Sorry, you mean merged before
17 you left - you left before Christmas.

18 A. Sorry, merged, yes. I don't
19 recall that they were joined before the 19th. I
20 certainly recall that on the nights of the 27th and
21 the 28th that I worked that they were joined at that
time.

22 Q. Yes.

23 A. But I can't recall exactly
24
25



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4

2

when they separated again.

3

Q. I take it it would be shortly

4

after the new year?

5

A. I would think so, yes.

6

Q. Certainly by the time Janice

7

Estrella died on January the 11th, the wards were
back in their normal operation?

8

A. Yes.

9

Q. Two separate wards?

10

A. Yes.

11

Q. She died a little after 3

12

o'clock in the morning of January the 11th and you
were not on duty at the time of her death?

13

A. That is right.

14

Q. You were not on duty at the

15

time she got into difficulties during that night
shift?

16

A. No.

17

Q. You had however worked the

18

long day shift of January 10th?

19

A. That is right.

20

Q. During that day shift, had

21

you had anything to do with Estrella?

22

A. No, I had not.

23

Q. We are now into a different

24

25



1
2 assignment book. We are now looking at Exhibit 32A
3 and at Tab 13. That is at page 39 of that tab.

4 It appears from the day shift assignments that
5 Gloria Ganassin was providing constant care to
6 Estrella in Room 423.

7 A. That is right.

8 Q. That as we know was a single
9 room, just one child in the room.

10 A. That is right.

11 Q. And you it seems were assigned
12 in the morning to three children in Room 418. In
13 the afternoon there was an added starter, you had
14 four patients, did you not?

15 A. Yes.

16 Q. Do you recall seeing Janice
17 Estrella at all during the day shift?

18 A. I don't really remember.

19 Q. Do you recall whether you had
20 any impression either from your own observation or
21 from conversation with Ganassin or anyone else, any
22 impression as to the child's condition during the
23 day shift?

24 A. I think I would have been told
25 that she had had an episode a couple of days
previous to that and that she required - that was



1
2 the reason she was on constant care.

3 Q. What is the episode you are
4 referring to?

5 A. I believe on the 6th or the 7th
6 of January a code - I am not sure whether it was
7 a Code 23 or Code 25 - was called, and I remember
8 being informed that that occurred.

9 Q. We know that as of the 7th
10 of January that Baby Estrella was not supposed to
11 receive any digoxin. Is that your understanding?

12 A. I know that now, yes.

13 Q. You did not know that at the
14 time?

15 A. I don't think so, no.

16 Q. Were you aware at the time
17 that on January the 7th she had been discovered to
18 have a very high digoxin serum level?

19 A. Again I am not sure whether
20 I knew that then or not.

21 Q. But you were aware that she
22 had had an incident on the 6th or 7th and had been
23 in rather severe difficulties at that time?

24 A. Yes.

25 Q. And had since been on constant
care?



Nelles, ex.
(Lamek)

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2

A. That is right.

3

4

Q. Other than that, did you have
any feel for or impression of her condition on
January 10th?

5

A. No.

6

7

Q. Had you ever cared for her
previous occasions?

8

A. Yes, I had.

9

10

Q. Can you recall how long
before. We can look at the assignment book but -
prior to the 7th?

11

12

A. I believe it was. I never
cared for her on constant care but I believe it was
perhaps around the 5th or 6th of January that I
looked after her.

14

15

16

Q. Certainly not in the last
three or four days of her life?

17

A. No.

18

19

Q. That was my understanding.
Had you had any contact with the parents of the
child?

20

A. Yes, I had.

21

22

Q. Can you tell me how that had
come about?

23

A. Again I believe it was the

24

25



1
2 5th or 6th of January when I was looking after
3 Janice.

4 Q. Yes.

5 A. The father had come in both
6 days and I believe at that time he told me that
7 the mother herself was not well and he came in
8 himself and helped to feed Janice.

9 Q. I would infer from that the
10 father seemed to be very involved in the child and
11 ~~for some time~~

12 A. He was. Baby Estrella was a
13 very difficult child to feed and the father did a
14 very good job of being patient and continuing to
15 try very hard with her.

16 Q. You worked as I understand it
17 the long day shift again on January the 11th?

18 A. Right.

19 Q. I believe that is so?

20 A. Yes.

21 Q. When you came in for work that
22 morning did you learn then that Janice Estrella had
23 died during the night?

24 A. Yes.

25 Q. Did that cause you any surprise?

A. I don't remember that it did,



1

2

no.

3

4

5

Q. Because of what you understood her prior condition to have been in the previous episode and the constant care nursing and so on?

6

7

A. I think those factors were involved, yes.

8

9

Q. That all suggested to you that the child was in a rather precarious condition?

10

11

12

13

14

A. Yes, it did.

Q. Therefore you were not greatly surprised when you learned of her death on the morning of January the 11th?

15

16

17

A. I don't recall being surprised, no.

18

19

20

21

22

23

24

25

Q. I take it that in light of the events of and following March 27, 1981 you have done your utmost to remember anything you can about the Baby Estrella?

A. Yes, I have.

Q. Have you now told me everything that you have been able to recall about that child?

A. The only other thing that I really recall was on the day that I worked, the 10th of January.

Q. Yes.



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Nelles, ex.
(Lamek)

8146

1
2 A. I distinctly remember that I
3 took my break that day with Gloria Ganassin and
4 the reason I remember that is because Gloria and
5 I did not work together very often and I just
6 remember that we were on the same lunch and coffee
7 breaks and it was my recollection that Mary Cooney
8 relieved Gloria when we went to breaks.
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M/cr

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2 THE COMMISSIONER: Mary Cooney?

3 THE WITNESS: Right. That is an
4 incident when an RNA relieved an RN.

5 MR. LAMEK: Q. Okay, that was during
6 the day shift of course?

7 A. Right.

8 Q. Now, you had not worked on the
9 9th of December, oh, the 9th of January I am sorry.
10 You had apparently worked the long day on the 8th,
11 and you had not worked on the 7th, and I am looking
12 at the WIN sheets, so you should get the same
13 information from there too.

14 A. You say the 7th and the 8th?

15 Q. The 7th you did not work?

16 A. Right.

17 Q. The 8th you worked the long
18 day and the 9th you did not work.

19 A. Right.

20 Q. And then as we know you worked
21 long days on the 10th and the 11th.

22 A. Right.

23 Q. Did you at any time after
24 January the 7th, 1981 administer any drug at all
25 to Janice Estrella?

A. No, I did not.



1

2

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4

5

Q. To your knowledge, to the best of your information, did anybody administer digoxin to that child in that period from January the 7th until the day of her death?

6

A. To the best of my knowledge, no.

7

8

9

10

11

12

Q. Now the next child to die was Frank Fazio. He died at 4:45 in the morning of February 4th, 1981. He and another child in Room 418 and again to pick up that Fall pattern, he was your patient the night he died, was he not?

13

A. Yes, he was.

14

15

16

Q. Would you turn to the assignment book for February the 3rd and you will see Mrs. Trayner was in charge as team leader with no patient assignment.

17

A. I am sorry, what page are you on?

18

19

Q. I am sorry, page 87 in the top corner, Tuesday, February the 3rd.

20

A. Right.

21

22

23

24

25

Q. The long night shift that started that night had Mrs. Trayner in charge with no patient assignments; yourself looking after two



1
2 patients only, Fazio and another in 418. Mrs.
3 Scott had four patients in 418. Mrs. Christie
4 had four in 425, one in 423 and two in 426. You
5 had a relief nurse who was looking after five children
6 in 421?

6 A. Right.

7 Q. Now again does the fact that
8 you were assigned to two patients only in a room
9 where there was six suggest, although there is no
10 statement to this effect, suggest that that was a
11 shared care situation?

12 My recollection is that Baby
13 Fazio had a lot of care, he required a lot of care,
14 and therefore he required a lot of nursing time.
15 I don't remember if he was actually ordered shared
16 care nursing.

16 Q. I take it the difference will
17 be this, if he were ordered to have shared care
18 nursing you would need to be relieved in order to
19 leave him would you not?

19 A. Right.

20 Q. If he merely required a lot
21 of care, but were not on a shared care order, you
22 could leave when in your judgment it was appropriate
23 to do so without being relieved?



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A. I think so, I probably would have made sure there was someone in the room.

Q. Do you have any recollection of Frank Fazio?

A. I remember the child, yes.

Q. What do you recall about him? By all means refer to the chart if it will help you.

A. Again I recall that he was a child that was with us for a fairly long time.

Q. He had been up in the ICU had he not?

A. Yes.

Q. And he came down from the ICU on February the 2nd, this appears from page 68 of the chart I think, it records he was transferred from the ICU at 11:45 in the morning?

A. Right. I am not sure if he wasn't transferred from 7G originally as well, and I believe that he had surgery at some time.

Q. Yes.

A. But I remember him as a baby that had multiple problems, both cardiac problems and other problems related to the fact that his parents were first cousins.



1
2 Q. Now you had cared for him as
3 well the preceding night had you not, February 2 to
4

5 Yes.

6 Q. You had Fazio successive nights,
7 the night that he died and the preceding night?

8 A. Right.

9 Q. Could we look at your nursing
10 note for the night of February 2 to 3, it begins
11 at the bottom of page 69 of the chart. I am sorry,
12 perhaps we should go back to page 68 for a moment
13 and look at that note on his transfer from the ICU,
14 where in the middle of the page it records:

15 "...beginning about 1830, Frank began
16 to take spells exhibited by tachycardia;
17 respiration is elevated to about 70;
18 very irregular and frequent apnea
19 1-2 seconds and grunting. Contractions
20 substernal and intercostal, worsened
21 as well. Very upset during spells,
22 body rigid and limbs extended."

23 He doesn't sound like a particularly stable child
24 does he at that stage?

25 A. No.

Q. If you were observing those



1
2 symptoms would they cause you concern?

3 A. Very much so.

4 Q. That is what was happening
5 shortly before you came on duty the evening of
6 February 2 to 3 was it not?

7 A. Right.

8 Q. Then can we look at your
9 nursing notes for the period from 7 o'clock on
10 February 2nd in the evening to 7 o'clock in the
11 morning. You record:

12 "temp. 38 at change of shift."

13 You had trouble getting this child's temperature
14 stabilized, did you not?

15 A. Yes.

16 Q. The heating rod in the Isolette
17 either heating it up too much or it cooled it down
18 too fast and you took it out?

19 A. Right.

20 Q. Over on the next page you
21 record child is:

22 "...tachycardiac on arrival on ward.

23 Was frantic and refused to settle."

24 His apex came down and was regular. You record he
25 was:

"...very hungry at change of shift,



Nelles, ex.
(Lamek)

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"grunting loudly and trachial tugging
and substernal indrawing. Became much
more stable after babe left to rest."

He appeared to rest comfortably after
11 o'clock at night. So he seemed to settle down
over the course of the first part of that night, did
he not

A. Right.

Q. Then when we get to the day
shift on the next day, page 71, what appears to be
this settling down trend appears to continue, does
it not, from our reading of that note?

A. Right.

Q. "...seemed much more stable
today..."

Had a couple of bouts of tachycardia on the monitor.
His heart rate was regular. Respiration much
improved today. Much more regular pattern later in
the day, and so on. So there appears from the
nursing note, does there not, and I hope I put this
clearly, Miss Nelles, to be a settling trend in
this child. He had been rather anxious looking when
he first came from the ICU, he was still very sick,
but he appeared to be settling down, did he not?

A. According to the note he seemed



more stable than he had been, yes.

Q. Then we come to your note of the long night of February the 3rd on page 72, and until 3:30 in the morning is it fair to say that in terms of his behaviour, and respiration, and apical rate that settling trend seems to have continued and continued to improve?

A. It seemed to be, yes.

Q. Now this child was on total IV feeding was he not?

A. Total parenteral nutrition, yes.

Q. And I suppose that tells us something about his condition?

A. They believed this child had necrotizing enterocolitis, yes.

Q. He could not be fed by mouth, he could not even be fed with a tube and they were feeding him entirely parenterally?

A. Right.

Q. But nonetheless it is fair I think, is it not that the child by the outward manifestations at least appeared to be a good deal better on the night of February the 3rd than he had been certainly during the day of February the 2nd,



1
2 during the night of February 2 to 3 the last time
3 you had seen him, and indeed even during the day of
4 February the 3rd, is that fair, from the outward
5 manifestations of his condition?

6 A. Yes.

7 Q. Do you have any recollection
8 of the events of that night, February 3 to 4?

9 A. Not really, no.

10 Q. Your note records that at
11 3:30 in the morning:

12 "...child became very upset and crying.
13 Heart rate 160 at 3:30. Seemed to
14 settle down a bit, then 15 minutes
15 later monitor went off..."

16 And when you listen his heart rate is down to 50
17 and irregular, and you called for Dr. Tucker?

18 A. Right.
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Q. You say the apex remained
bradycardic and irregular ten minutes; approximately
4:15 babe had periods of ventricular fibrillation
interposed with bradycardia. Is that vast irregulari-
ties?

A. Right.

Q. So, this child had started
to exhibit very serious and dramatic symptoms very
swiftly, had he not?

A. Well, I mean, it started at
3:30.

Q. Yes. And he settled down a
bit.

A. And continued to exhibit
them for up to 45 minutes.

Q. All right.

A. I'm sorry, 15 minutes.

Q. Yes. And a Code 25 is called
and the child dies.

A. Yes.

Q. In light of the progress that
the child had made in the first part of the shift and
the lack of symptoms of any distress in the first
part of the shift and notwithstanding that you knew
him to be sick, did the rapidity of his decline cause



1
2 you any surprise?

3 A. No, it did not.

4 Q. Why was that?

5 A. Because this was a child whom
6 I had known in the past and I knew that he was -- like,
7 I could not separate his medical condition from the
8 symptoms that he may have appeared to display; in
9 other words, he was very unstable, he was seizing
10 and he, as I say, had this necrotizing enterocolitis
11 and I felt that he was always in poor condition.

12 Q. Okay, that's fair enough,
13 Miss Nelles. I don't suggest for a moment that you
14 can separate what you knew of his condition from his
15 appearance.

16 A. Right.

17 Q. I recognize that. But it is
18 fair, is it not, that he was not manifesting the
19 causes of concern for the night of February 3/4 that
20 he had on the night of February 2/3?

21 A. Right, but it was only a
22 night's difference.

23 Q. Did you not read the pro-
24 gression of the notes when you took over?

25 A. I probably did, yes.

Q. Did he not appear to you to



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be settling and stabilizing?

A. He seemed better than he had the night before, yes.

Q. Yes. But you are telling me your experience of him the night before and your knowledge of his condition, notwithstanding his appearance on February 3/4, was enough to make you say, look, I can't be surprised that that child declined as rapidly as he did?

A. Yes, I think that, although he obviously displayed here a period of stability, he was not a stable child.

Q. Okay. Fair enough. Could we look at page 158 of the chart, please, which is the medications sheet and in particular the medications sheet for the night of his death. Am I right in thinking that the medications are not signed off for the night of his death?

A. That's right.

Q. That is to say the aldactazide, gentamicin, ampicillin and digoxin do not appear to have been signed off.

A. Right.

Q. Can you tell us how that came about?



Nelles
ex. (Lamek)

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A. In charting at the end of the shift, again, I must have forgotten to sign the medications of.

Q. Are you satisfied that the medications were in fact given during the course of the shift?

A. Yes, I am.

Q. And in the doses prescribed?

A. That's right.

THE COMMISSIONER: Well, you wouldn't have charted at the end of the shift, would you, because the child died, did he not, in the middle of the shift?

THE WITNESS: Yes, you are right, I am sorry, it would have been close to the period after, or the short period after he died.

THE COMMISSIONER: Well, I don't want to lead you, but it would seem to me what probably happened was that the chart went off before you had a chance to complete it. This is what happened before. Maybe by this time you had caught onto that, I don't know, this is February.

THE WITNESS: Right.

THE COMMISSIONER: How long did you continue with that problem about the chart going?



Nelles
ex. (Lamek)

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2 THE WITNESS: I certainly knew by
3 this period of time that the chart would go off.
4 Sometimes, as I say, there are a number of people
5 around, physicians, who all have to write their notes
6 and whatnot and sometimes the chart again does get
7 taken away.

8 MR. LAMEK: Q. Well, I would take
9 it, Miss Nelles, from the sequence of notes back in
10 the progress note part of the chart, and in particular
11 the fact that Dr. Mounstephen's arrest note precedes
12 your final nursing note --

13 A. Right.

14 Q. -- that you wrote your final
15 nursing note probably after the child had died?

16 A. Yes.

17 Q. And that would be the time
18 when normally you would also complete the medications
19 sheet?

20 A. Right.

21 Q. But on this occasion perhaps
22 because there were some other things going on or for
23 some reason or other you forgot to do that?

24 A. Right.

25 Q. How can you be sure that the
medications were in fact administered?



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A. I suppose you can't be perfectly sure but considering I only had two children that night and that medications are part of my normal duties and especially considering that he was on more than one I would not forget to give him his medications.

Q. To your knowledge, did anyone other than yourself administer any medication at all to Frank Fazio the night that he died?

A. No, they did not.

Q. You were present at the resuscitation effort on the child?

A. Yes, I was.

Q. Do you have a recollection of it?

A. Vaguely, yes.

Q. Do you remember what you were doing?

A. I believe I was doing cardiac compressions.

Q. Do you have a recollection of who else was there?

A. Only probably because of the assignment.

Q. Okay. You don't have a picture



D7 1
2 in your head of people in that room at the time of
3 the arrest?

4 A. Not really, no.

5 Q. Now, you told me that in light
6 of what you knew of this child and your earlier
7 experience with him you were not surprised at his
8 death. I take it however you were upset by his death?

9 A. Very much so.

10 Q. And although when the event
11 occurred it did not surprise you, had you had any
12 reason to think before 3:30 in the morning that he
13 might not make it through the night?

14 A. No, I didn't.

15 Q. Now, you said yesterday, Miss
16 Nelles, that it was early in 1981 that you first
17 began to see patterns in the deaths that had occurred.
18 We are now at the stage of February 1981. Was this
19 about the time when you started to spot recurring
20 themes in these deaths?

21 A. I think it was still later.
22 I think it was still March.

23 Q. Into March?

24 A. Yes.

25 Q. Okay. Now, the next child to
die is not on our chart, that is Bruce Floryn and he



D8

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3 died at six o'clock, 6:20 in the morning of February
4 7th. You were on duty that day as team leader. You
5 had no patient assignments as I recall it. Do you
6 have a recollection of that child?

7
8 A. Yes, I do.

9 Q. And of the arrest?

10 A. Yes, I do.

11 Q. Can you tell us what you
12 recall of Bruce Floryn?

13 A. I recall that he was again
14 an older boy that was with us, had been admitted to
15 the floor on numerous occasions.

16 Q. Yes.

17 A. And I recall that he was
18 actually considered at one point for a heart transplant
19 and there was discussion of him actually going to
20 somewhere in California, Los Angeles, to have a heart
21 transplant. I recall that they did not feel he was a
22 candidate and he returned to The Hospital for Sick
23 Children.

24 THE COMMISSIONER: "They" being
25 the people in California, is that right?

THE WITNESS: California, yes.
And he returned to the Hospital, and I remember him
being on 4B on his last admission and that he was a



Nelles
ex. (Lamek)

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D9

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2 very ill boy and that I believe he was one of the
3 children that was ordered a no Code.

4 MR. LAMEK: Q. Your recollection
5 is quite right. Therefore, there was no resuscitation
6 attempt when Bruce Floryn arrested?

7 A. Right.

8 Q. And I take it that his death
9 was a surprise to nobody?

10 A. No.

11 Q. But upsetting nevertheless?

12 A. Right.

13 Q. But not a matter of surprise?

14 A. Right.

15 Q. Can we move then to the death
16 of Jennifer Thomas. She died at 3:38 in the morning
17 of February 12th in Room 418. Now, on that long night
18 shift, you were working, Mrs. Trayner was in charge
19 and had a patient in 423, you had five patients in
20 421 and one in 426, Mrs. Scott had a couple of patients
21 in 418, one in 425 and Mrs. Christie was relieving
22 elsewhere in the Hospital.

23 A. Right.

24 Q. But Jennifer Thomas was not
25 your patient?

A. Right.



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Q. Do you have a recollection
of that child?

A. No, I don't.

Q. You don't recall that you
treated her at all before the night of her death?

A. I don't recall that I did, no.

Q. Do you have any recollection
of the night of her death?

A. No, I don't.

Q. You don't remember seeing her
that night?

A. No, I don't.

Q. Or learning anything of her
condition or anything of that sort?

A. No, I don't.

Q. Well then, there is not much
point in spending much more time on that then.

Then we come to the beginning of
that terrible spate of deaths in March of 1981. It
started with the death of a child who is not on our
chart, and that was Ruby Leith you will remember who
died at 10:30 in the morning of March 6th. You were
not on duty as I understand at the time the child
died?

A. Right.



D11

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Q. Do you have any recollection
of it?

A. Again, I believe I do.

Q. Can you help us please to the
extent you can?

A. I believe he was a child that
was very ill and if I am not confusing him with some-
one else, I believe he was -- the physicians advised
that he should have surgery.

Q. Should have what?

A. Should have surgery.

Q. Yes.

A. And that the mother felt he
should not and that his prognosis was poor.

Q. His prognosis is poor. Indeed,
as I understand it, he did have the surgery and had a
coarctation repair early in February?

A. Right.

Q. But his prognosis was poor and
indeed do you recall this: was another child on whom
there was a 'do not resuscitate' order?

A. As I say, I am not sure if
I am confusing it with someone else.

Q. Okay.

A. But that is what I sort of



1
2 remember of that name, yes.

3 Q. All right. Let's go on
4 then to Colleen Warner because she died the very
5 next day, 3:45 in the morning of March 7th in Room
6 418. Again, this was a patient who was being cared
7 for by Sui Scott but you were acting as team leader
8 that shift, do you recall?

9 A. I don't recall, no.

10 Q. Okay. Let's look at the
11 assignment book. I am looking for the long night
12 shift that started on the evening of March 6, page
13 149 I believe. It records that Miss Nelles was in
14 charge with no patient assignments, Mrs. Trayner was
15 looking after three children in 418, Mrs. Scott had
16 one child in 418, three in 425 and one in 426, and
17 Mrs. Christie had three in 421 and was being shared
18 with 4B and she also had a couple of children in
19 437.

20 Now, Mrs. Trayner was working but
21 you were the team leader. Can you tell me how that
22 came about?

23 A. I think it was around this
24 time that Mrs. Radojewski decided that the back-up
25 team leaders were not getting enough experience of
actually team leading, so it was decided that we would



Nelles
ex. (Lamek)

D13

try to alternate more frequently; in other words, that
I would be team leader more frequently than I had
been. Normally I would only team lead when Mrs.
Trayner was away or when she was sick.



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Q. But notwithstanding her presence you as a result of that decision by Mrs. Radojewski occasionally took the team leader's role, did you?

A. Yes.

Q. This was one of those nights?

A. Yes.

Q. Can we digress for a moment please? You told Mr. Sopinka yesterday that a team leader vacancy was filled in March of 1981.

A. I believe it was March 20th, the team leader that was in question here, that was her last night.

Q. And as I understood you, and tell me if I characterize this wrongly, you were hurt, not that you did not get the appointment as team leader but that Mrs. Radojewski had not spoken to you about it before announcing that someone else was getting that job. Is that fair?

A. That is right.

Q. Because you had understood from Mrs. Radojewski since the fall that you were going to become a team leader when a vacancy arose.

A. When the next vacancy arose, yes.



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3 Q. And you thought you would be
4 considered for that next vacancy?

5 A. Right.

6 Q. And it arose in March of 1981?

7 A. Right.

8 Q. And through the early part of
9 certainly March as we are seeing now you were
0 getting some team leader experience even with
1 Mrs. Trayner present?

2 A. Yes.

3 Q. You were being given the
4 opportunity to become experienced at that role?

5 A. Yes.

6 Q. You say you were hurt or you
7 agreed with me that that was your feeling, you were
8 hurt when Mrs. Radojewski did not speak to you
9 about the new appointment that was available. Were
10 you angry?

11 A. I don't think I was angry as
12 much as disappointed or puzzled as to why she had
13 not spoken to me.

14 Q. When did the appointment of
15 Nurse MacIntosh as the new team leader become
16 official?

17 A. I am not sure. I remember that
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I had wanted to speak to Liz about it but I was on nights and it is not exactly easy to talk to the head nurse when you are on nights because you don't really --

6

Q. Because she is not there.

7

A. That is right.

8

9

Q. When was that that you wanted to speak to her?

10

A. In March some time.

11

Q. Towards the latter part of March?

12

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A. I would think so because again I was away for a week and then when I came back I was on nights. I just had not really had the opportunity to speak with her.

16

17

18

Q. Had it not been generally known on the ward since some time in late January or February that Nurse MacIntosh was going to get that team leader spot?

19

A. I did not know about it, no.

20

21

Q. You had not heard anything about it?

22

A. No.

23

24

25

Q. Do I understand from that that you first learned that she was going to become



1
2 the new team leader around the third week in March?

3 A. It may have been a little
4 bit before that because as I say I went away for
5 a week.

6 Q. And subsequently you did not
7 have much opportunity to tell Mrs. Radojewski that
8 you were hurt and upset about that.

9 A. Right.

10 Q. Did you express your feelings
11 to anybody on the floor?

12 A. I believe I told a couple of
13 people that I was disappointed, yes.

14 Q. How did you get along with
15 Mrs. Radojewski?

16 A. I think we got along all right.

17 Q. Did you find her an easy
18 person to work for?

19 A. I think that my main opinion
20 of Mrs. Radojewski was that she was very concerned
21 with the running of the floor and the organization
22 and that sometimes she was not as supportive or did
23 not take as much of an interest in her staff as I
24 thought she might have.

25 Q. As I say, that is a bit of a
detour from the Colleen Warner case. Can we go



back to Colleen Warner? Do you have a recollection of the child?

A. No, I don't.

Q. Or of the night of her death?

A. No, I don't.

Q. As I recall it this was the second occasion when you had been team leader with Mrs. Trayner present and an arrest occurred. Is that right? There was Brian Gage, you remember, and now Colleen Warner.

A. Yes.

Q. You told me with respect to the Brian Gage arrest that, as I understood you, Mrs. Trayner did not really let you assume and assert control over that situation?

A. Yes.

Q. She rather stepped in and took over?

A. Yes.

Q. Do you have any recollection of what happened in the case of Colleen Warner when she arrested?

A. No, I don't.

Q. And what was your observation of Mrs. Trayner's demeanor or manner at



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3 resuscitation efforts?

4 A. She usually took the role of
5 drawing up medication.

6 Q. Yes.

7 A. And I don't really have any
8 other impression.

9 Q. Was she very clearly in charge
10 of the activity?

11 A. In terms of the other RNs
12 perhaps.

13 Q. I take it it was her role
14 to be in charge?

15 A. Yes, it was.

16 Q. Did you find anything
17 difficult to deal with or offensive about the
18 manner in which she conducted herself?

19 A. Not by this point. I think
20 that I expressed that before.

21 Q. That had been your earlier
22 impression but it had changed by this time?

23 A. I think it got better, yes.

24 Q. Her manner improved?

25 A. Yes.

Q. Was that following the
conversation that the two of you had?



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A. Right.

Q. When you talked together in the fall of 1980 about the problem that you were having, did you at that stage also discuss arrest and resuscitation efforts and her demeanor there?

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A. I don't remember specifically.
I remember as I say discussing her role as team
leader and my role as her backup.

Q. In rather more general terms
and not focusing on specifics.

A. Yes. As I say it may have
arisen that her taking control became apparent at
the arrest situation but I don't specifically recall.

THE COMMISSIONER: Was it not her
obligation to take control at least until a
supervisor arrived?

THE WITNESS: Yes, but she did it
in such a way that she really did not listen to
what other people were saying, what the other RNs
were saying.

MR. LAMEK: Q. So the same kind
of thing that troubled you about the Dawson situation,
for example?

A. Right.

Q. We move on to Jordan Hines. He
died on Ward 4B at 6 o'clock in the morning on
March 8. You were working long nights on Ward 4A
that night?

A. Yes.

Q. Do you have a recollection of



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2
3 that child?

4 A. No, I don't remember the
5 child.

6 Q. Do you have any feel or any
7 impression or any information about his condition
8 the night that he died?

9 A. I don't really remember, no,
10 at the time.

11 Q. When the arrest was called
12 you went over to Ward 4B to assist?

13 A. Right.

14 Q. Did Mrs. Trayner also go?

15 A. Yes, she did.

16 Q. Working on Ward 4B that night,
17 I can tell you either from the WIN sheets or from
18 the assignment book, the night of March 7, Tab 14 --

19 A. Can I have the page number,
20 please?

21 Q. I'm sorry.

22 A. I can't see the dates on here.

23 Q. It is page 119.

24 A. Thank you.

25 Q. 119 under Tab 14, and it
appears on 4B that night, the night of March 7th to
8th Miss Halpenny was in charge, had a patient in



437, doing medications in 431; Susan Reaper was there with three patients; Miss Frise was there with four patients and there was a relief nurse who was also looking after patients. Mrs. Scott was over there as well, was she not?

A. Yes.

Q. Miss Halpenny was in charge of the ward that night?

A. Yes.

Q. We have heard some evidence here, Miss Nelles, about an incident involving a pacemaker at the Hines arrest. Do you have any recollection of that incident?

A. Yes, I do.

Q. Can you tell us your recollection of it?

A. I remember that the surgical resident, I believe the cardiovascular surgical resident came to that arrest and he wanted a pacemaker to try and stimulate Baby Hines and that this was very unusual and I don't recall it happening at an arrest previously. There was some discussion as to what he wanted and we did not know what kind of pacemaker he wanted.

Q. Discussion between who as to



1
2
3 what he wanted?

4 A. I recall it specifically
5 being between Phyllis and myself.

6 Q. Yes. Did either of you ask
7 him what he wanted?

8 A. No, because I think we sort
9 of were involved in the arrest.

10 Q. Okay.

11 A. But I don't recall whether
12 it was myself or someone else who went out to get
13 the pacemaker and when they brought it back, it may
14 have been me, it was not the right one, so again
15 there was a discussion as to where to get it and
16 what exactly the surgeon was asking for.

17 Q. And again a discussion between
18 you and Mrs. Trayner?

19 A. I think so, yes.

20 Q. Was anyone else involved in
21 the discussion?

22 A. I don't remember specifically
23 but it seems to me there was more than just the two
24 of us.

25 Q. Now, you have referred to it
as a discussion. We have heard it described
differently here of course. Some have said it was



1
2
3 a disagreement. When you say discussion, were
4 voices raised? Was there any disagreement between
5 you?

6 A. I don't remember it as a
7 disagreement. I remember it as a discussion, as I
8 say, and voices may have been raised to the extent
9 that it was something that was needed quickly and
10 we did not want to waste time looking for it but
11 we really did not really know what we were looking
12 for.

13 Q. And neither of you asked the
14 surgical resident what exactly he wanted?

15 A. No, because he was busy.

16 Q. If voices were raised are you
17 telling me, Miss Nelles, that it was more as a
18 result of the frustration of not knowing what was
19 wanted than because there was any anger or impatience
20 on the part of the two of you?

21 A. That is the way I saw it, yes.

22 Q. Do you have any recollection
23 of Dr. Costigan being at the arrest?

24 A. Again I don't remember it
25 specifically related to whether he was at Baby Hines
arrest.

Q. Do you have any recollection



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of either Costigan or any other doctor while that discussion was going on lifting his head from what he was doing and saying something like "Ladies, please keep it down" or something of that sort?

A. I don't recall that, no.

Q. Do you recall any supervisors speaking to you after that arrest about the discussion that you had had during the course of the treatment of the baby?

A. No, I don't.

Q. Did you have any other recollection of Baby Hines or of the night that he died?

A. No, I don't.

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Q. The next night again Baby Gionas died in Room 418 at 1:45 in the morning, March 9. You were acting as team leader again although Mrs. Trayner was on duty and indeed she was assigned to care for Baby Gionas that night. Will you look at page 153 under Tab 13 of the assignment book there and we can fix the nursing assignments for the night. You were in charge, had no patients assigned; Mrs. Trayner had four children in Room 418, she had all of the children in that room; Mrs. Scott had eight children spread over four rooms and Mrs. Christie was relieving on the 7th floor.

Do you have any recollection of Baby Gionas?

A. Again I vaguely remember the child.

Q. What can you tell us about her?

A. I remember that she was a child who had been quite ill and had spent a long time in the Intensive Care Unit.

Q. Yes. Had you cared for her while she was on the ward?

A. I am not sure if I had actually looked after her myself.



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Q. I do not see a note by you
in the preceding few days anyway.

A. Right.

Q. So you would not have any
current information about her as a result of having
cared for her yourself?

A. Right.

Q. But as team leader it's part
of your job to be aware of what problems were on the
ward and if there were any particular sick children
you would know about them?

A. That is right.



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Q. Do you have any particular
recollection of being concerned about Barbara Gionas
on the night that she died?

A. I think that she was a child
that needed special attention and was probably
noted on the daily report sheet indicating --

Q. On the tour end report?

A. Right, as being a child that
needed attention.

Q. Do you have a particular recollec-
tion of the events of the shift?

A. Not really, no.

Q. When the arrest was called I
take it you as team leader would certainly be there.

A. Yes.

Q. And would stay throughout.

A. Yes.

Q. Do you have a recollection of
being there?

A. Not really, no.

Q. And therefore you couldn't tell
me what role, if any, you played in the arrest, what
role if any Mrs. Trayner played in the arrest, you
have no recollection.

A. No recollection, right. I



seemed to normally take the role of doing cardiac compressions at arrests.

Q. Now as far as medications are concerned, the medication sheet is at page 184 of the chart. You are not recorded as administering any medication to the child that night; as one would expect, Mrs. Trayner was in charge of the child.

A. Right.

Q. Did you administer any medication of any kind to that child the night that she died?

A. No, I did not.

Q. And to your knowledge did anyone administer anything to her other than Mrs. Trayner, and then other than the doses of the drugs prescribed?

A. No.

Q. You have no knowledge of any such thing?

A. No.

Q. Now when Baby Gionas died, Miss Nelles, that was the fourth death on the ward in four days, do you remember that? What was your reaction to that?

A. I remember thinking that we are into a very bad time again.

Q. Were you terribly concerned about



3
1
2 four deaths in four days?

3 A. I'm sure I was, yes.

4 Q. Was there a discussion among the
5 nurses to which you were a party as to; gosh, this
6 is even worse than the last time there was a cluster.

7 A. Right. I believe there were
8 conversations like that, yes.

9 Q. How did you explain to yourself
10 four deaths in four days?

11 A. I don't really recall other than
12 that it was devastating.

13 Q. Was it about this time that you
14 started to observe that there were some features
15 that kept recurring in these deaths?

16 A. Yes.

17 Q. Was it about this time that you
18 made the observation that many of these deaths seemed
19 to be occurring in the small hours of the morning?

20 A. Yes.

21 Q. Did that come as a surprised
22 observation to you, or a surprising observation to you?

23 A. I don't think it did really, in
24 that I didn't have a lot of - I didn't know whether it
25 was normal for cardiac babies when they did die,
whether there was a time that they seemed to die more



4
1 often.

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3 Q. But now that you had observed
4 that so many of them did die in the middle of the night,
5 did you ask any questions about it?

6 A. I seem to recall talking about
7 it but I don't recall ever getting any answer.

8 Q. Do you recall to whom you talked?

9 A. I recall talking to, I think to
10 Dr. Costigan or perhaps Dr. Schaffer, that I think
11 it was sort of in that we were sort of saying, making
12 the observation that it had, just saying that in fact
13 a lot of these babies had died in the morning.

14 Q. Did they seem to think it was
15 unusual, or remarkable in any way that the children
16 were dying in the middle of the night?

17 A. They didn't say anything, no.

18 Q. And of course you made the
19 connection I take it that so many of these children
20 who died on the ward died in the presence of your
21 nursing team.

22 A. Yes.

23 Q. You had been aware of that I take
24 it from rather earlier than March.

25 A. Yes.

Q. But now in March, once again, your



1
2 nursing team was on duty when these deaths were
3 occurring; how did you explain that to yourself?

4 A. I couldn't explain it.

5 Q. Did you at this stage observe
6 that so many of these children seemed to follow the
7 same pattern of dying. That is to say, from an
8 appearance, and I put it no higher than that, from an
9 appearance of relative stability they suddenly
10 deteriorated, rapidly deteriorated and then could not
11 be resuscitated. Do you remember drawing that as a
12 set of common features?

13 A. No. The only thing that I noted
14 was that we were not able to resuscitate them.

15 Q. How did you explain that to your-
16 self?

17 A. I couldn't except that I - it
18 was upsetting because we didn't seem to get anywhere.

19 Q. All that tremendous effort and
20 never any success.

21 A. That's right.

22 Q. Did you ever speak to Kathy
23 Coulson about the deaths on the ward?

24 A. I think that as a supervisor and
25 a nurse working under her, yes.

Q. Was she supportive?



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A. Yes, she was.

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Q. Did she share your concern?

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A. Yes.

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Q. Did Miss Coulson ever tell you that some time in the early part of 1981 she had reached the point where she could not continue to believe that the deaths were sheer coincidence, or just bad luck?

9

A. She never said that.

10

11

12

Q. And that she was sure there was something happening but she couldn't put her finger on what; did she ever say anything like that to you?

13

A. No, she did not.

14

Q. Did anybody ever say anything like that to you?

15

A. No.

16

17

Q. Was that a feeling that you ever, prior to March 22nd, had yourself?

18

A. No.

19

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Q. You continued throughout to put the whole thing down to the most terrible coincidence, the most awful string of bad luck with your team?

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A. Yes. Except to the extent that the condition of the children seemed to be, in some cases they were very ill, but we seemed to be having



Nelles
ex. (Lamek)

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a large number of very ill children.

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Q. They were the same children that were being treated by other teams on other shifts?

5

A. Right.

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Q. And therefore if they happened to die on your shift, as so many of them did, that was just very bad luck.

8

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A. That is all I put it up to,

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Q. You say so many of the children seemed to be very sick. Were there other children who died where you were less sure that they were so sick as to make their deaths unsurprising?

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A. The only one I can really say that about was Pacsai.

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Q. We will be coming to him in a moment, indeed we come to him almost next. Because on the long night shift of March 11th to 12th there were two problems on Ward 4B you will remember, a baby whom we hear called Manojlovich died in Room 438 at 3:35 in the morning, and Pacsai got into serious trouble in Room 431 and was transferred to the ICU and subsequently died there.

THE COMMISSIONER: I wonder, Mr. Lamek --

MR. LAMEK: Is this time for the break?



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THE COMMISSIONER: Is this a good

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MR. LAMEK: It is certainly convenient.

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THE COMMISSIONER: All right we will

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THE COMMISSIONER: Yes, Mr. Lamek.

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Q. Now Miss Nelles we decided, or I think we were agreed that on the night of the two problems, March 11th to 12th, on 4B you were relieving that ward that night, were you not?

13

A. Yes, I was.

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Susan Reaper with two children in 411 and three in 410. Mrs. Lyons with three in 431 and two in 433. And yourself relieving with four patients in 437, Pacsai in 431 and doing all the medications in Room



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431, that is so, isn't it?

3

A. Right.

4

Q. Let's deal with the Manojlovich baby first. Did you have any contact with that child either on the night that she died, that is up to the time of her arrest, or at any prior time?

7

A. I had never looked after her myself but I had been made aware of her.

9

Q. You had been made aware of what?

10

A. I had been made aware of the child.

11

12

Q. And what was your understanding as to her condition?

13

14

A. Again she was a child that had spent a long time in the intensive care unit, and she was finally transferred up to the ward and was in a single room, I believe under isolation and still required a lot of attention.

15

16

17

18

Q. She was in Room 438, and I take it therefore she was being cared for by Miss Harwood-Jones that night.

19

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A. That's right.

21

22

Q. Did you see the baby on the night that she died, prior to the arrest?

23

A. No, I didn't.

24

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Q. Prior to the time of her arrest,
did you see anybody from 4A over on the 4B side?

4

5

A. I believe that Phyllis came over
to see me in Room 431.

6

7

Q. On one occasion, or on more than
one occasion?

8

9

A. I don't really remember.

10

11

Q. What was the purpose for her coming
to see you?

12

13

A. I just think she came to see how
I was making out.

14

15

16

Q. How long did she stay?

A. I don't recall, not very long
I would think.

17

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Q. Did you see her or anyone else
from 4A on the ward at any other time that night,
prior to the arrest of Michelle Manojlovich?

20

21

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A. I don't recall, no.

Q. Have you any idea when Phyllis
Trayner came over to see you?

A. I don't remember what time it
was.

Q. In the early part of the shift,
that is prior to the arrest of Michelle Manojlovich,
where did you spend most of your time?



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A. In Room 437.

3

Q. Where you had four patients?

4

A. Right.

5

Q. How much of your time did you
spend with Baby Pacsai?

6

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A. For the first part of the shift
I would say perhaps about 45 minutes.

8

Q. In the aggregate?

9

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A. Yes. I changed - he had one
type of I.V. started up and I changed it to another
type, and I gave out the medications because I was
responsible for all the medications in that room.

11

12

13

Q. Yes.

14

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A. I gave those out, and I believe
I fed Pacsai, and I think that would have taken as
I say about 45 minutes to an hour, and then the rest
of the time until midnight I was in the other room.

17

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Q. Now that 45 minutes to an hour
that you think you spent with Pacsai in the early part
of the shift, was that one continuing period of 45
minutes to an hour, or was that broken up over dif-
ferent visits to the room?

21

22

A. It was broken up.

23

24

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Q. So we are looking at that amount
of time in the aggregate spent with Pacsai.



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A. Right.

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Q. When the Manojlovich arrest was
called, did you go to assist?

5

A. Yes, I did.

6

Q. And you did assist in the arrest?

7

A. Yes, I did.

8

Q. What did you do?

9

A. I did cardiac compressions.

10

Q. Who else was there assisting
with the resuscitation effort?

11

A. I remember Mary Jean Halpenny,
Susan Reaper, Debbie Harwood-Jones and Phyllis.

12

13

Q. And were they all participating in
the resuscitation effort?

14

A. Yes, they were.

15

Q. What was Mrs. Trayner doing?

16

17

A. She was standing at the door a
lot of the time, and was going to get things that people
were asking for.

18

19

Q. Was she there throughout the arrest?

20

A. No, she was not.

21

Q. Can you tell me approximately how
long she was there?

22

A. I don't really know.

23

Q. Was she actually in the room at any

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A. I think so, yes, but my recall is that she was standing at the doorway.

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Q. And the others that you have mentioned, that is to say, Halpenny, Harwood-Jones and Reaper, were they actively involved assisting in the arrest?

8

9

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A. I think so, yes.

11

Q. Drawing up drugs, passing drugs, recording and that sort of thing?

12

13

14

A. Right.

Q. I take it that Miss Halpenny as the team leader, the acting team leader that night, was in charge of the arrest.

15

16

A. It doesn't really work that way. Yes, I suppose ultimately as team leader she was in charge.

17

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Q. Okay, you tell me how it works.

A. I would say she would be in charge of the nursing and helping, along with the supervisor, to see that the nurses were being helpful, but I mean I think of, at an arrest situation, that the arrest team are the people who are in charge.

Q. You are quite right, I meant in charge of the nursing component of the resuscitation



1
2 effort.

3 A. Right.

4 Q. And she was performing that
5 role?

6 A. I think so, yes.

7 Q. Did she appear to be experienced
8 in running resuscitation efforts?

9 A. I don't believe that Mary Jean
10 had been team leader for a very long period of time
11 that night, like before that night.

12 Q. And indeed was she normally a
13 member of Bertha Bell's team?

14 A. I believe so, yes.

15 Q. And at this time Mrs. Bell was
16 still the regular team leader of that team, was she
17 not?

18 A. Yes, I think so.
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Q. Just didn't happen to be on duty this particular night?

A. Right.

Q. All right. When you saw Mrs. Trayner at that arrest you say she was in the door and going to get things and so on. You say she didn't stay throughout the arrest but you can't tell me just how long she did stay. Was she there at the beginning of the arrest or at the end or some period in the middle or what?

A. I believe we all came when the arrest was called and, as I say, my recollection is of her standing at the door and being asked to go and get things.

Q. Okay. Now, is it your recollection that at some point she left?

A. I believe so, yes, because she was, as I say, my recollection is of her going to get things.

Q. But I mean left and didn't come back, did she do that at some point?

A. I think so, yes.

Q. Okay. Do you remember any other arrest where Mrs. Trayner performed that role, standing at the door and going to get things?



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2
3 A. I don't recall, no.

4 Q. Do you remember any occasion
5 when she did not participate actively in the room
6 as part of a resuscitation effort?

7 A. No, I don't remember.

8 Q. You have told us not only
9 yesterday but again --

10 THE COMMISSIONER: We have to find out
11 about that too. You don't remember what?

12 THE WITNESS: I don't remember doing
13 that, having that role at an arrest.

14 THE COMMISSIONER: Does that mean
15 that you remember as having a different role, is
16 that right?

17 THE WITNESS: That's right.

18 MR. LAMEK: Q. And my next question
19 was whether you ever remembered her doing anything
20 other than actively participating in the room and
21 you said, no, that was what you remembered her
22 doing on other occasions?

23 A. Yes, right.

24 Q. You told us something yesterday
25 and you told the Commissioner something further
this morning about your observation of Mrs. Trayner's
manner and demeanour at other arrests. Were you



Nelles, ex.
(Lamek)

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1
2 aware that Bertha Bell had on one occasion complained
3 to Mrs. Radojewski that Mrs. Trayner took charge of
4 arrests on 4B even in Mrs. Bell's presence?

5 A. No, I didn't.

6 Q. You were not aware of that?

7 A. No.

8 Q. All right. I take it Mrs. Bell
9 was an experienced nurse in your view?

10 A. Yes, she was.

11 Q. And an experienced team leader?

12 A. Yes, she was.

13 Q. So far as you knew was she
14 much more experienced than Nurse Halpenny?

15 A. She had more experience as a
16 team leader, yes.

17 Q. All right. Baby Manojlovich
18 died, as we know. What did you do following the
19 termination of the resuscitation effort?

20 A. I went back to Room 431 to
21 look after Kevin Pacsai.

22 Q. All right. And what did you
23 find when you got there?

24 A. I found that he had changed.

25 Q. All right. Refer to the chart
if you need to by all means, Miss Nelles, but can



1
2 you tell me, how had Baby Pacsai been in the first
3 part of the shift prior to your going off to the
4 arrest in Maņojlovich's room?

5 A. He had been stable.

6 Q. He had been stable?

7 A. Yes.

8 Q. All right. The nursing note
9 for that shift is found at page 65 of the chart.
10 You record apex ranging from 151 when upset,
11 down to 87 when asleep had a slow/fast irregularity
12 on three occasions, tolerated his feeding well and
13 drank eagerly, respirations 32/37, very shallow
14 at times and to be frothing at the mouth a couple
15 of times; chest sounds clear, good air entry and he
16 was pink in room air.

17 Your impression of him, notwithstanding
18 that there was some manifestations of up and downness
19 if I can put it that way, was that he was stable?

20 A. Yes.

21 Q. You were not concerned about
22 that child in the first part of the shift?

23 A. No, I was not.

24 Q. All right. And what did you
25 find when you got back to his room?

A. The first thing that I had tried



1
2 to do when I got back to the room was to feed him
3 and I found that this time, unlike the two previous
4 occasions when I had fed him, he wasn't interested
5 at all in the feed.

6 Q. Yes.

7 A. And he seemed very lethargic
8 and almost limp in my arms.

9 Q. Yes, anything else about him?

10 A. I believe it was at that time
11 that I first noticed that his apex was irregular and
12 that his monitor was showing episodes of tachycardia
13 alternating with periods of bradycardia; in other
14 words, that he would have periods where his heart
15 would be going extremely quickly and then periods
16 where his heart would seem to be going very slowly.

17 Q. Was that not the same thing
18 enough that you have recorded in the first part of
19 the shift. You referred there to slow/fast irregularity
20 on previous occasions?

21 A. But that's different in terms
22 of, that describes the actual rate of the heart for
23 the minute; like, normally you record the heart rate
24 and beats per minute.

25 Q. Yes.

A. And when you describe a



1
2 slow/fast irregularity it is describing that rate
3 in a minute. So, in other words, rather than the
4 beating being irregular that there may be sort of
5 two or three beats and then a pause and then two
6 beats and then one beat and then three beats. It's
7 an irregular pattern over that course but what I
8 am describing here is that --

9 Q. I am sorry, I am losing you.
10 You have just described for me which irregularities,
11 the pre 3:45 or the post 3:45?

12 A. Pre.

13 Q. You have just described what
14 you mean by slow/fast irregularity in the early part
15 of the shift?

16 A. Right.

17 Q. All right. As contrasted with
18 what in the second part?

19 A. Where he actually showed
20 periods where for, say, a three minute period or
21 whatever that his heart rate would be in the 70 to
22 80 range and then in the next period it would be in
23 the greater than 160 range.

24 Q. I see. And the latter kind of
25 irregularity was of more concern to you than the
former kind?



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A. In light of the condition -
in light of the other symptoms that he was exhibiting
at that time.

Q. All right. You mentioned the
lethargy, what else was there?

A. As I said, the inability -
like, whereas before he couldn't wait to get to the
bottle and was very hungry.

Q. Yes.

A. And then this time just wasn't
interested at all.

Q. So, we've got this irregularity
of the kind you are describing, the alternating
bradycardia and tachycardia and we've also got this
lethargy and disinterest in feed?

A. Right.

Q. Anything else? You record
his respirations as shallow but they have been very
shallow at times in the early part of the shift.
Was that a change in any way?

A. That was what I noticed in
the beginning of the shift. I don't recall any
change in that after 3:45.

Q. Okay. You record his blood
pressure decreased from 100 over pulse down to 76,



1
2 was that also a change in the child when you found
3 him when you came back?

4 A. Yes.

5 Q. How long were you away?

6 A. I would say about an hour.

7 Q. Now, you told Mr. Sopinka
8 yesterday of your efforts to persuade physicians
9 that Kevin Pacsai was getting into difficulties and
10 that you were concerned?

11 A. Yes.

12 Q. And I don't intend to take you
13 through that again unless there is something that you
14 want to add to it.

15 A. I don't think so.

16 THE COMMISSIONER: Well, the only thing
17 I would like to say about it is that from your note
18 on page 65:

19 "Dr. Costigan and paediatric medical
20 resident notified and examined baby.
21 Arrangements for transportation to ICU
22 made. Continued to monitor baby..."

23 What more did you want than that. If
24 they transferred the child to the ICU wouldn't that
25 be sufficient for you?

THE WITNESS: They did not make the



1
2 arrangements to transfer the baby until approximately
3 5:30 and what my concern was was that a physician
4 who supposedly knew the most about - the paediatric
5 fellow, paediatric cardiology fellow was the one -
6 the paediatric and medical resident may or may not
7 have any knowledge or any great knowledge of
8 paediatric cardiology and Dr. Costigan is the chief
9 resident at the Hospital and it was my concern that
10 the person who knew the most or should know the most
11 about this baby was the one who went home.

12 THE COMMISSIONER: Or wasn't there
13 at all to begin with.

14 MR. LAMEK: I think the notes are
15 shorthand and omits something does it not, Miss
16 Nelles. Your note records that Costigan and the
17 paediatric medical resident arranged for the transfer
18 of the child to the ICU.

19 A. Right.

20 Q. But your note does not include
21 the kind of thing you were talking to Mr. Sopinka
22 about yesterday?

23 A. That's right.

24 Q. Your earlier efforts to
25 interest physicians in the condition of the child.

A. Right.



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Q. One of them left the Hospital?

3

A. That's right.

4

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6

Q. And it was, as I understood
your evidence yesterday, you were frustrated at the
lack of response before Costigan and the medical
resident came to the room?

7

A. That's right.

8

9

Q. When they came things got
moving?

10

A. That's right.

11

12

Q. Okay. But you have not
referred in this note to the earlier events that
you found frustrating and troublesome?

13

14

A. Just the condition I just
described, the condition of the infant.

15

16

Q. But not the visit by other
physicians?

17

A. No.

18

19

Q. That is what you were telling
Mr. Sopinka about yesterday, as I understood it.

20

21

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A. That's right.
Q. And that was in the context of
his asking you about the remark that had been
attributed to you that you were said to have been
relieved when Pacsai died because maybe now the



1
2 physicians would listen when the nurses told him the
3 babies were in trouble?

4 A. Yes.

5 THE COMMISSIONER: But I take it there
6 is nothing in your note here about calling upon the
7 cardiac fellow?

8 THE WITNESS: Right.

9 THE COMMISSIONER: That you remember,
10 do you?

11 THE WITNESS: I strictly remember it,
12 yes.

13 THE COMMISSIONER: Do you?

14 MR. LAMEK: Q. At what stage should
15 you call on the cardiac fellow?

16 A. I believe very early on after
17 I went back to Kevin's room after the Manojlovich's
18 arrest.

19 Q. After you returned to the
20 room from the arrest and observed these symptoms?

21 A. Right, I think I went back to
22 the desk and said - I don't believe Dr. Costigan
23 was there at the time, it was Dr. Kantak and Dr.
24 Ning and I explained that I was worried about this
25 child.

Q. Right. Now, if you turn back



1
2 to page 63 of the chart. Perhaps we can cover it this
3 way, Miss Nelles. Michelle Manojlovich was pronounced
4 dead at 3:35 in the morning?

5 A. Right.

6 Q. And is it your recollection
7 that you went from that room directly to 431 to
8 Pacsai?

9 A. I may have helped clean up
10 and assist at the end of the arrest.

11 Q. What's your best estimate as
12 to when you got back to Room 431?

13 A. I would say around quarter to
14 4.

15 Q. A quarter to 4. Now, if we
16 look at page 63 of the Pacsai chart there is a note
17 by Dr. Costigan which appears to be dated 0530
18 hours and says:

19 "Asked to see Kevin because of anxiety
20 re episodes of bradycardia down to
21 50-60 alternating with rates of 150".

22 A. Right.

23 Q. Do you recall Dr. Costigan
24 coming to see the child before 5:30, as his note
25 seems to suggest?

A. No, I don't.



1
2 Q. And was it in the period between
3 a quarter to 4 and 5:30 that you called on the cardiac
4 fellow, Dr. Kantak and Dr. Ning?

5 A. Right.

6 Q. Okay. While we are on Dr.
7 Costigan's note can we look at it for a moment.
8 Dr. Costigan appears to have looked at a rhythm
strip on the child's monitor?

9 A. Right.

10 Q. And he recorded his observations
11 from that strip:

12 "Slightly prolonged PR; sinus
13 bradycardia; sinus or nodal tachycardia;
14 intermittent 2 to 1 block."

15 And then he arrives at a differential
16 diagnosis, does he not: Sick sinus ? dig. toxic.

17 Were you aware that those were the
18 differential diagnoses that Dr. Costigan made when he
looked at the child at 5:30 in the morning?

19 A. I believe so, yes.

20 Q. Was that from seeing his note
or did he say something to that effect?

21 A. I think I asked him what he
22 thought was the matter with the child?

23 Q. And he said?

24 A. That he thought perhaps he was
25 displaying symptoms of sick sinus syndrome or dig.
toxicity.



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Q. When you heard that, did you wonder how the child could be suffering from digoxin toxicity?

A. No, I did not.

Q. You administered digoxin to the child at 9:00 in the evening?

A. Yes, I did.

Q. It is recorded on the medication sheet. I don't need you to turn to it now. It is on page 80. You administered the prescribed dose?

A. Yes, I did.

Q. Did you give him any other digoxin that night?

A. No, I did not.

Q. To your knowledge had anyone else given him any digoxin that night?

A. No, they had not.

Q. Or any other drug, for that matter, from anyone else?

A. No.

Q. Did you tell Costigan all that, you had given him the prescribed dose at 9:00?

A. No.

Q. How did you perceive the child to be suffering from digoxin toxicity at 5:00 in the morning?



1
2
3 A. Because lots of our children
4 could show signs of dig. toxicity because they have
5 elevated digoxin levels.

6 Q. And do they show signs of digoxin
7 toxicity?

8 A. Yes, they can.

9 Q. Like heart blocks?

10 A. Again I am not qualified - that
11 is not one that I would think of readily but I am
12 sure that is one of the symptoms of dig. toxicity.

13 Q. Did you not understand that to be
14 a relatively severe symptom of digoxin toxicity?

15 A. I don't think I knew. Dr.
16 Costigan, that was his observation.

17 Q. I just wondered what your informa-
18 tion was about the various symptoms of digoxin
19 toxicity. Had you ever in the now 15 months that
20 you worked in cardiology - more than 15 months, 16
21 or 17 months that you worked in cardiology, seen a
22 child suffering those symptoms as a result of
23 normal therapeutic doses of digoxin?

24 A. I think that I had seen that
25 children could display arrhythmias when they had
increased levels of digoxin.

Q. Did it occur to you to wonder how



1
2 this child could have increased levels of digoxin?

3 A. I am sure I wondered but he had
4 been transferred from Hamilton and he had really just
5 been digitalized a few days before.

6 Q. Were you aware of any digoxin
7 levels of this child?

8 A. I don't believe I was, no.

9 Q. We don't need to explore the
10 thing. The fact of it is that you were not particularly
11 surprised by the differential diagnoses that Dr.
12 Costigan produced at 5:30 in the morning.

13 A. No, because he was questioning a
14 couple of things.

15 Q. And you did not infer from that
16 that that meant that the child was receiving an
17 excessive dose of the drug.

18 A. Not at all.

19 Q. Dr. Costigan at least was
20 arranging to get the child taken to the IC Unit.

21 A. Right.

22 Q. Which is where you thought he
23 should be.

24 A. Yes.

25 Q. Who took the child to the IC
Unit?



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A. Dr. Costigan, myself and Phyllis Trayner.

Q. The three of you went together with the baby?

A. Yes.

Q. And did you, by you I mean you, Miss Nelles, leave him once you had delivered him there?

A. I believe I stayed for a short time to finish writing the notes and finishing the charting that I needed to do.

Q. Because the chart has to go with him, I take it, to the IC Unit.

A. That is right.

Q. About how long did you stay in the IC Unit after you had taken him there?

A. I would say about 15 minutes.

Q. Did you later learn that Baby Pacsai had died?

A. Yes, I did.

Q. When did you learn that?

A. When I came on shift that night.

Q. What was your reaction to that news?

A. I felt that he had been sick when



1
2 I had left him and I don't recall that,
3 considering the symptoms that he was displaying at
4 that time, I realized that he was a very ill child.

5 Q. At that time being the time you
6 left him in the ICU.

7 A. Right.

8 Q. Were you at all surprised that he
9 had progressed to the stage of showing those symptoms
10 in the ICU in light of your earlier impression of
11 him the night before?

12 A. The difference between him in
13 the early evening and later on, yes.

14 Q. Could you find any explanation to
15 enable you to understand the very dramatic change in
16 his apparent condition?

17 A. No, I could not.

18 Q. Did you seek any explanation by
19 asking anybody how that child could have gotten into
20 such serious trouble after the impression that you had
21 had of him in the early part of the shift the night
22 he died?

23 A. No, I think I was just concerned
24 about looking after him and getting him the care he
25 needed.

Q. Yes, but I'm talking about the



1
2 next day when you learned that he had died. Did you
3 say to anyone, how could he deteriorate to the point
4 of death in light of what I thought in the earlier
5 part of the shift? Was I that wrong? Did it occur
6 to you that you had been dead wrong about his condition
7 in the early part of the shift?

8 A. I don't remember thinking that
9 way, no.

10 Q. If you did not conceive the
11 possibility that you might have been dead wrong, you
12 must have wondered what had happened.

13 A. I did wonder.

14 Q. To cause that deterioration. Did
15 you ask anybody?

16 A. No, I did not.

17 Q. Did you talk to Dr. Costigan at
18 all following the death of Pacsai - not immediately
19 following, obviously.

20 A. No, I did not. I only worked one
21 more night, that particular night.

22 Q. And no explanation occurred to you
23 or as far as you knew to anyone else to explain that
24 child's deterioration.

25 A. No.

Q. You subsequently learned that Kevin



1
2 Pacsai had a very high digoxin level at the time of
3 his death.

4 A. Yes.

5 Q. When did you learn that?

6 A. The following Wednesday night.

7 Q. How and from whom did you learn it?

8 A. I heard it from Mrs. Radojewski.
9 She phoned me at home in Belleville.

10 Q. You were at home in Belleville
11 at your parents' home?

12 A. Yes.

13 Q. And she called you?

14 A. Yes, she did.

15 Q. What did she say?

16 A. She told me that there was going
17 to be an inquest into the death of Kevin Pacsai and
18 that he had had a very high digoxin level.

19 Q. Did she tell you the actual level?

20 A. I cannot remember. I think she
21 must have.

22 Q. Do you recall what the number was
23 that she told you then?

24 A. If she told me then - I don't
25 know why I know the number, whether it was because she
told me then or that I learned after that it was 25.



1
2 Q. In any event, there is no question
3 in your mind, as of the Wednesday evening, that a
4 high digoxin level with respect to Pacsai, one was
5 not talking 3, 4, 5 nanograms.

6 A. That is right.

7 Q. They were talking something very
8 high.

9 A. Yes.

10 Q. Higher than you had earlier heard
11 about in cardiology?

12 A. Yes, in that it was my understanding
13 that they did not write levels - often the way we
14 received levels on the floor were greater than 5 and
15 then later greater than 10.

16 Q. How many greater than 10 levels
17 do you recall seeing reported to you, to your floor?

18 A. Only one.

19 Q. Who was that?

20 A. That was Richard McKeil.
21 I remember it being very high.

22 Q. You have a recollection of a very
23 high level, in any event?

24 A. Yes.

25 Q. When Mrs. Radojewski gave you that
news, whether she gave you the actual number or conveyed



1
2 the impression that it was a very high reading indeed,
3 what was your reaction?

4 A. I was shocked to hear of such a
5 high number and that he had had such a digoxin reading.

6 Q. It must have occurred to you to
7 wonder how that level could have been achieved.

8 A. Yes.

9 Q. Did any explanation come to you?

10 A. Well, I think - I don't know
11 whether I was told at the time or whatever but
12 I know that at the time Mrs. Radojewski told me I
13 would be questioned regarding the administration of
14 digoxin to Kevin and I tried to remember administering
15 him the medicine and that is when I say that I recalled
16 that I had checked it with Mary Jean Halpenny. As
17 I say, I am not sure whether it was then or later
18 that I learned that they were in fact investigating
19 the other hospitals where he had been to see that the
20 doses were correct there.

21 Q. If I understand you, your first
22 thought of possible explanation is, "Gosh, did I
23 give him too much?"

24 A. Or certainly a mistake.

25 Q. Yes, and you thought back over it
and you were satisfied in your own mind at least that



1
2 you had not given him any more than the prescribed
3 dose.

4 A. That is right.

5 Q. And if you were right about that
6 that would not explain the matter, would it?

7 A. That is right.

8 Q. And therefore you had to think of
9 other possible explanations and one that occurred to
10 you was perhaps at the hospital in Hamilton before
11 he arrived he had received too much digoxin.

12 A. A mistake that they had made.

13 Q. Did it occur to you to consider the
14 possibility that he might have received an unprescribed
15 dose of the drug at the Hospital for Sick Children?

16 A. No, I did not consider that.

17 Q. You did not think of that as a
18 possibility?

19 A. No.

20 Q. I think you told Mr. Sopinka
21 yesterday of your reaction to receiving the news from
22 Mrs. Radojewski in the manner and the time that you
23 did receive it.

24 A. Yes.

25 Q. Is there anything else about Kevin
Pacsai, before we pass on?



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A. Not that I can think of, no.

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Q. The very next night there was another death on the ward, 4B this time again, Kristin Inwood in 431 died at 3:00 in the morning and you were on Ward 4A that night. Do you now have any recollection of Kristin Inwood?

8

A. I vaguely remember her because she was in the bed next to Kevin Pacsai.

9

10

Q. The night before when you had been relieving on that ward and had worked in that room?

11

A. That is right.

12

13

14

Q. Do you have any recollection of her condition either on the night before she died or do you have any impression of her condition on the night she did die?

15

A. No.

16

17

Q. Or any recollection of the events of the shift on which she died?

18

A. I don't really remember, no.

19

20

Q. Do you recall whether you attended at the arrest?

21

A. I believe I did, yes.

22

Q. Do you have any particular recollection of it?

23

A. Just vaguely, nothing specific.

24

25



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2 Q. Mrs. Scott was relieving on 4B
3 that night, you may remember. Did you see her at the
4 Inwood arrest?

5 A. I don't remember.

6 Q. Do you recall seeing Mrs. Trayner
7 at the Inwood arrest?

8 A. I don't remember.

9 Q. Or anyone else from 4A?

10 A. I really don't know.

11 Q. A few nights later, at 4:25 in
12 the morning, March 18, Charlon Gardner died on Ward
13 4A. You were not working that night. Do you have any
14 recollection of that child?

15 A. No, I don't.

16 Q. Or any information as to her
17 condition?

18 A. No, I don't.

19 Q. That brings us then to the night
20 of March 20 and 21 and the deaths of Allana Miller
21 and Justin Cook.

22 A. The only thing I should point out
23 that I was aware, a medication error made around Inwood
24 because it was a mix-up that occurred because of the -
25 I can't describe to you that night when Manojlovich
died, it was chaotic. It is my understanding that



1
2 Mary Jean Halpenny asked Susan Reaper to give the
3 early morning digoxin to Baby Inwood in anticipation
4 of a dig. level and in fact it was Pacsai that was
5 scheduled for a dig. level, and it is my understanding
6 that Baby Inwood received the digoxin that was
7 supposed to be for Kevin. That is my recollection
8 of it. I remember there being an incident report
filled out that morning.

9 Q. Can we look at the night of
10 Friday, March 20. On that night as you know Allana
11 Miller died in 423 at 3:27 in the morning.

12 A. Right.

13 Q. You were assigned to care for that
child that night.

14 A. That is right.

15 Q. Room 423 is a single room, is
16 it not? There was no other patient in there with
17 her?

18 A. That is right.

19 Q. If we look at the assignment book
20 for Ward 4A, the night of Friday, March 20, we see
21 that Mrs. Trayner was in charge as team leader and
22 had two patients until 11:00 at night, one in 418
and one in 426.

23 A. Right.
24
25



1
2 Q. Those two patients were taken over
3 by Miss Brownless at 11:00.

4 A. Right.

5 Q. Because she had been relieving
6 elsewhere until 11:00, as I understand it.

7 A. That is right.

8 Q. She came on the ward at 11 and
9 took over Mrs. Trayner's two patient assignments.
10 You had the one child, Allana Miller, in Room 423
11 and you had two children until 11:00 in 418.

12 A. Right.

13 Q. Mrs. Christie had three children
14 in Room 425, two in 421 and a child in 418 until
15 11:00 and you were expecting a new admission that
16 night, were you not?

17 A. That is right.

18 Q. Justin Cook was to be admitted
19 that Friday night?

20 A. We found out about it after report,
21 yes.

22 Q. After the shift had started you
23 learned that Justin Cook was coming down from Owen
24 Sound to be admitted that night?

25 A. That is right.

THE COMMISSIONER: I am sure we have had



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this out before, but I am not sure, reading the
assignment book. Did you just have one of your
children or both of them in 418 taken away at 11:00?

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THE WITNESS: They were both taken
away.

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THE COMMISSIONER: Where I am having the trouble is that I have Miss Brownless taking on three children at 11 o'clock, but there is one --

MR. LAMEK: You have an extra child in 418 that does not seem to have been taken care of.

THE COMMISSIONER: And there is one of Mrs. Christie's, and what has happened, because Mrs. Christie's child was supposed to go off at 11 o'clock too.

THE WITNESS: That is what it says.

THE COMMISSIONER: So some child, something went wrong.

THE WITNESS: Something was not recorded, yes.

MR. LAMEK: There is an unassigned child in 418 after 11 o'clock according to the assignment sheet.

THE COMMISSIONER: Anyway it wasn't one of yours, Miss Brownless took over both of your children?

THE WITNESS: That's right.

MR. LAMEK: We may have the explanation, I'm not going to try to explain it just now, maybe over lunch I can do that.



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Q. Let's look at the early part of the shift, Miss Nelles, and until the arrival of Justin Cook.

A. Right.

Q. And let's put a terminus on this thing. What time was Justin Cook admitted to the ward?

A. I believe he arrived somewhere between 10:30 and 11:00.

Q. And you were responsible for admitting him to the ward?

A. That's right.

Q. Now, in the shift until he arrived, can you tell me please what your recollection is, and in particular of Allana Miller and in general what you were doing that night? You have her chart there I hope.

A. My recollection is that I attended to the two children in 148.

Q. Yes.

A. I think normally I would go and look at all three of my children, and then determine who required feeding and whatnot, and do the vital signs on all the children.

Q. Yes.



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A. Because most of them would require 2000 vital signs. Then I probably would prepare my medications and get them ready to administer to the children that required them. I specifically remember that when I went in to see Allana Miller, when I took her apex, which we always do when we administer digoxin, and her apex was low, and so I didn't give her her digoxin at that point. I went out to the desk and spoke with Dr. Soulioti and told her that Allana Miller's apex was low and should I still administer the digoxin. She said: "Yes, it has been low all day, I am aware of it, go ahead and administer the digoxin." So I went back to Allana Miller's room and gave her the digoxin.

Q. And that would, I take it, it would be approximately 9 o'clock?

A. Around that, yes.

Q. Do you have any other particular recollection of the child in the first part of the shift?

A. I remember that after I had finished with the other two children in 418 that I went to sit down at the back of the nursing station, and just as I was going up there I heard Allana



1
2 Miller's monitor go off, and so I went down to her
3 room at that point.

4 Q. Approximately what time did
5 that happen?

6 A. Around 10 o'clock.

7 Q. Was that the first time that
8 shift you had a chance to get out and relax for a
9 moment, at the nursing station?

10 A. Well, I didn't sit down.

11 Q. You tried, that was your
12 first attempt to do it, was it?

13 A. Right.

14 Q. At about 10 o'clock you say?

15 A. Right.

16 Q. And Allana Miller's alarm
17 went off and you went down to look after her?

18 A. Right.

19 Q. How long did you stay with
20 her?

21 A. I woke her up and I gave her
22 a drink at that time, and I would say I spent
23 probably 20 minutes to half an hour with her.

24 Q. So you are now close to 10:30?

25 A. Right.

Q. Was anyone with you in the



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room with Allana Miller when you went back to check
the monitor which had gone off?

4

A. No, there wasn't.

5

6

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Q. Had anyone, to your knowledge,
been in Allana Miller's room early in the shift,
other than yourself?

8

A. I wouldn't know.

9

10

Q. Certainly while you were there
no one else was there I take it?

11

A. That's right.

12

13

Q. All right. You settled the
baby down again at about 10:20, 10:30, something of
that sort?

14

A. Right.

15

Q. Did you try again to get your --

16

A. Yes, I did.

17

Q. What was this, a break you
were trying to get, a coffee break, something of
that sort?

19

A. Right.

20

Q. And you tried again?

21

A. Yes.

22

Q. Were you successful this time?

23

A. No, I wasn't.

24

Q. What happened?

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A. As I was walking up the hall
the Cook baby and mother arrived.

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Q. So you had to go back to
admit Cook?

6

A. That's right.

7

8

Q. Did you see your brother on
the ward at all that night?

9

A. For a short period, yes.

10

Q. When was that?

11

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A. It was after I had started
to admit Justin Cook, and Phyllis came in the room
and told me that my brother was at the nursing
station. So I left for a few minutes, went out and
told him that I was busy and went back to the room.

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Q. Now, Cook arrives, and you
will have to help us because we don't know what
is involved in admitting a new patient to the ward,
what did you have to do with him?

18

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21

A. Well, I had to do all his
vital signs, his temperature, pulse, respirations,
blood pressure in all four limbs, and then usually
height and weight and then the nursing history.

22

Q. And did you do all of that?

23

A. No, I did not.

24

Q. I am sorry.

25



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A. I did all of it except for
the nursing history.

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Q. We will come back to that then.
How long did it take you to do the things you had
to do short of a nursing history?

7

8

A. I don't remember how long it
specifically took me to do the height and weight and
whatnot.

9

10

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12

Q. Yes.

A. I would say perhaps 10 minutes.

Q. Was he in Room 418 at this

time?

13

14

15

A. Yes, he was.

Q. Were there physicians in
the room with him?

16

17

A. Yes, there were.

Q. Also in the process of
admitting him?

18

19

20

A. That's right.

Q. Did you assist them in any
way?

21

22

23

A. Yes, I did.

Q. How long were you engaged with
Cook in his admission from the time of his arrival?

24

25

A. I would say close to an hour.



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Q. Throughout that time what was
happening to Allana Miller?

4

A. As far as I know she was all
right.

6

Q. She had a medication that was
due at 11 o'clock, did she not?

7

A. Yes.

8

9

Q. Didn't you have to administer
ampicillin?

10

A. That's right.

11

Q. At 11:00; did you do that?

12

A. Yes, I did.

13

Q. Or did you leave 418 to go up
and do that administration?

14

A. Yes, I did.

15

16

Q. And you at the end of the shift
have charted that medication as having been
administered by you?

18

A. Right.

19

20

Q. It was done by you at about
11 o'clock?

21

A. That's right.

22

23

Q. Was that the only occasion
that you were in Allana Miller's room during the
hour so you told me you were engaged in admitting Cook?

24

25



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2

3

A. Yes.

4

Q. You went in Miller's to do
the medication and then left again?

5

A. Right.

6

Q. How did she appear when you
went in there to give her the ampicillin?

8

A. She was sleeping.

9

Q. You put the ampicillin into
what, into the buretrol and the IV setup?

10

A. Right.

11

Q. And it flows down through the
IV into the child?

13

A. Right.

14

Q. Now, on your best estimate
then we are now at about what, 11:30, by the time
you were through with the whole admission process
with Cook?

16

17

A. Well, when I came - when I
went to give that medication and I came back to the
room I believe Dr. Schaffer and Dr. Soulioti was
still there but the mother had left.

19

20

21

Q. Okay.

22

A. And that is how -- she left
before I was able to obtain a nursing history.

23

24

Q. You could only get the nursing

25



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history from the parents?

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A. Right. When I had left to go and administer Allana's medication the physicians were getting their history and that gave me the opportunity to leave.

Q. So you get back from doing the ampicillin, you are now back in Room 418 with Cook, and the physicians are still there but the mother has gone?

A. Right.

Q. So you can't get your nursing history?

A. Right.

Q. Did you see the father at all that night, the father of Justin Cook?

A. I don't believe I did, no. He may have come to the floor for a few minutes, but I can't remember for sure.

Q. Now Justin Cook arrived at about 10:30 on the floor, and you spent, as I think you told me a few minutes ago, about an hour, in and about the admission process, the nursing admission and the doctors, assisting them and that takes us to about 11:30 I take it, give or take a little, is that about right?



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A. Yes, because we were doing -
the physicians wanted to do blood work on the child
and then also get an ECG on the child.

Q. What did you then do?

A. Dr. Schaffer told me that he
wanted to do an echocardiogram on the baby.

Q. That night?

A. That night.

Q. Yes.

A. And he asked me if I would
bring the baby down to the echo room.

Q. And did you do that?

A. Yes, I did, but before I left
I went to see Allana Miller.

Q. What time was that?

A. At quarter to 12:00.

Q. How was she at quarter to 12:00?

A. I recorded her apex at 11:45,
that is why I remember, because I distinctly remember
that I went to see her knowing that I would not be
back in time to do her midnight vital signs.

Q. And that is on page 36 of the
chart, and you recorded apex at 2345 as 60 with
an "I", does that mean irregular?

A. Right.



1

2

3

Q. Was anybody in the room when
you went back at quarter to 12:00?

4

A. No, I don't think so.

5

6

Q. Was there anybody in the room
when you left, having taken the apex?

7

A. No.

8

Q. Nobody came into the room
while you were doing that I take it?

9

A. I don't think so, no.

10

11

12

13

Q. The child has a slow heart
rate and you described the apex as irregular, did
you have any particular cause for concern, however,
about her condition?

14

A. I knew that her apex had been
low from previous in the evening.

15

16

17

18

19

Q. Yes. Speaking fairly, looking
back over the flow sheet for the entire day, from
a couple of episodes when it was slightly over 100,
it seems to have been in the 70 to 80 range, is that
fair?

20

A. And it was irregular most of
the day as well.

21

22

Q. So this didn't represent any
particular change in the child's behaviour?

23

24

25

A. No, but it still was a low



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I.13

heart rate.

Q. Yes, but you were not concerned about leaving her alone?

A. Well, I certainly made it known that I was leaving the floor.

Q. To whom did you make it known?

A. To Phyllis Trayner.

Q. And was it then, that as you told Mr. Sopinka yesterday, you asked Phyllis Trayner to flush the IV when the ampicillin had all gone there?

A. That's right.

Q. When you went in at quarter to 12:00 had the ampicillin all gone through the IV?

A. No, it hadn't.

Q. There was still a little left in the buretrol?

A. That's right.

Q. And you asked Mrs. Trayner if she would flush the IV when the ampicillin has all gone from the buretrol?

A. That's right.

Q. That was at quarter to 12:00. What time did you take Justin Cook down --

THE COMMISSIONER: I'm sorry, I don't



Nelles, ex.
(Lamek)

1
2
3 understand this process at all. Did you say you
4 flush it after the ampicillin had all gone?

5 MR. LAMEK: Well I was going to
6 come to it later, Mr. Commissioner, but let's deal
7 with it now.

8 THE COMMISSIONER: Yes.

9 MR. LAMEK: Q. Let me see if I
10 have got it right, and you tell me if I have it
11 wrong and it is quite likely I do. As I understand
12 it when a medication is put into the buretrol and
13 it goes down the IV and into the child.

14 A. You mix it with solution.

15 Q. Yes.

16 A. So you may have as much as
17 say 30 cc's, it is not just the 3 cc's or 2 cc's of
18 the actual medication.

19 Q. You may have quite a volume
20 of material fluid in the buretrol?

21 A. Right.

22 Q. And that over a period of time
23 will go through the IV tube and into the child?

24 A. Right. You usually run it
25 over the course of an hour.

Q. Yes. When the buretrol appears
to have been empty.



1

2

I.15

A. Right.

3

Q. Do I take it that in order

4

to make sure that all of the medication is now out

5

of the tube and into the child, that you put more

6

fluid down the tube?

7

A. That's right.

8

Q. To literally flush out any

9

of the medication that remains in the tube?

10

A. That's right.

11

THE COMMISSIONER: It is the tube,

12

it is not the buretrol then that you are flushing?

13

MR. LAMEK: A bit of both I guess.

14

THE WITNESS: Both. There may

15

still be some ampicillin or whatever in the buretrol

16

and so you put some solution in there and it goes

17

from there through the tubing.

18

THE COMMISSIONER: Yes. This is

19

probably fundamental, why doesn't it all go

20

out on its own? Because gravity is involved, does

21

it not go down into the child?

22

THE WITNESS: But you are running

23

the IV at a certain rate.

24

THE COMMISSIONER: Yes.

25

THE WITNESS: You have it hooked

up to an IVAC pump, and the chances are that you



1
2 are running at a certain speed and you want so many
3 drops, or so many millilitres to go through in a
4 minute.

5 THE COMMISSIONER: Is it because it
6 is not going fast enough, is that what the problem is,
7 or is it because it is not going completely, which
8 is the problem, or is it both?

9 THE WITNESS: I don't really know
10 what you mean.

11 THE COMMISSIONER: Well you have
12 got this buretrol that you put in the antibiotic.

13 THE WITNESS: Right.

14 THE COMMISSIONER: And it works on
15 the gravity system and you control it somehow from
16 the buretrol as to the speed at which it will go
17 into the child.

18 THE WITNESS: Right.

19 THE COMMISSIONER: Now the first
20 question I asked was, why doesn't it all go into
21 the child anyway, why is it that it somehow gets
22 stalled? Is it a question of whether it doesn't
23 all go through, or is it a question of whether it
24 doesn't all go through fast enough to suit you?

25 THE WITNESS: It doesn't really get
stalled, it all goes through.



1

2

THE COMMISSIONER: Yes, but you
have to flush it out then?

4

THE WITNESS: You just have to
ensure that there isn't any remainder of the
medication left in the buretrol, or in the tubing.

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MR. LAMEK: It is a bit like filling a glass, Mr. Commissioner, you can turn it upside down and most of the water will fall out but you are going to have some drops around the walls of the thing. I suppose that's part of the thread, isn't it?

THE COMMISSIONER: Is that all it is?

THE WITNESS: That's really all it is.

THE COMMISSIONER: All it is is just the little bit that will stick to the side of the tubing, it's not a question of it somehow or other not getting into the child.

THE WITNESS: That's right.

MR. SOPINKA: It's like washing out your martini glass before you have wine.

THE COMMISSIONER: I knew that was what Mr. Lamek was getting at but he's a little more subtle about it.

MR. LAMEK: And I promise you I didn't tell him.

THE COMMISSIONER: Yes, all right. Well, at any rate can we get back on the track then.

MR. LAMEK: Q. Well, whether it needs to be done it always is done I take it, Miss Nelles?

A. It is always flushed, yes.



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2

2

Q. That's right. And you wanted

3

to be sure it was done this time?

4

A. That's right.

5

Q. So, you asked Mrs. Trayner

to do it?

6

A. That's right.

7

Q. Flush the IV, the buretrol

8

and the IV when the ampicillin had run through?

9

A. That's right.

10

Q. Did you tell her when you

11

thought that might be needed?

12

A. I think I told her it would

13

probably be in the next 15 minutes or so, probably

14

around midnight it would need to be flushed. But

15

when again the buretrol is empty the IVAC pump will
alarm to tell you that it is empty.

16

Q. Okay. Because it doesn't

17

have anything to pump against any more and it buzzes
a little alarm, does it?

18

A. Yes, because otherwise it would

19

pump air into the line.

20

Q. Okay. So it alarms and says

21

flush me, flush me?

22

A. Yes.

23

Q. All right. Now that we know

24

25



1
2 what it is you are trying to do in flushing an IV,
3 how do you do it?

4 A. You open the stop cork in
5 between the bag of solution and the buretrol and
6 you let in however much, whatever amount of fluid
7 you require to flush it.

8 Q. You say you release material
9 from the bag down into the buretrol?

10 A. Right.

11 Q. And you say whatever volume
12 you need. What volume do you normally use?

13 A. Usually you need 5 to 10 cc's.

14 Q. Is there any other way of
15 flushing a buretrol and IV line other than releasing
16 material from the IV bag?

17 A. I suppose you could use a
18 syringe but I have never seen it done that way.

19 Q. Whether you do it by releasing
20 material from the IV bag above or adding material
21 to the buretrol with a syringe, would you use the
22 same volume of material, 5 cc's?

23 A. Usually, yes.

24 Q. Have you ever seen a buretrol
25 and IV line flushed with 3 cc's of material?

A. It's very hard to get only



1
2 3 cc's into the bag when you are opening the
3 stop cork.

4 THE COMMISSIONER: Into the buretrol?

5 THE WITNESS: Into the buretrol, I am
6 sorry, yes.

7 MR. LAMEK: Q. Would 3 cc's, as you
8 understand it, adequately flush a buretrol and IV
9 line?

10 A. On rare occasions when the
11 child is on a very strict fluid, is on a fluid
12 restriction and where you are trying to give them
13 as little food as possible I have seen it flushed
14 with small amounts.

15 Q. All right. Was Allana Miller
16 on such fluid restriction?

17 A. I believe she was on a fluid
18 restriction, yes.

19 Q. Was it a sufficiently strict
20 one that you would be careful about the amount of
21 material that you used to flush the IV line?

22 A. You would be careful, yes.

23 Q. Is it a case where you would
24 have hesitated to use 5 or 10 cc's had you been
25 flushing the line yourself?

A. No.



1
2 Q. It would not have caused you
3 concern then to use the usual amount?

4 A. No.

5 Q. All right. Now, Allana Miller
6 had no medication ordered for administration at
7 midnight?

8 A. That's right.

9 Q. Is that so?

10 A. Yes.

11 Q. The next medication was to
12 be administered at 1:00 a.m. and that was to be
13 gentamicin?

14 A. That's right.

15 Q. Before going off to the echo
16 lab with Justin Cook at approximately a quarter to
17 12 did you at that time ask Mrs. Trayner if she would
18 administer the 1 o'clock gentamicin for you?

19 A. No, I did not.

20 Q. Did you expect to be back
21 in time to do that yourself?

22 A. Yes.

23 Q. Okay. Was the only request
24 that you made of her that she flush the IV when the
25 ampicillin had run through?

A. That's my recollection, yes,



1
2 and to do her vital signs in my absence.

3 Q. Now, in light of what you had
4 asked her to do and in light of what was ordered
5 and prescribed for Allana Miller, if, and I put
6 this strictly as an if, if Mrs. Trayner were
7 observed at about midnight to be adding material
8 to the buretrol with a 3 cc syringe can you think of
any explanation for her doing that?

9 A. No, I cannot.

10 Q. Okay. What time did you get
11 back from the echo lab?

12 A. At 12:30.

13 Q. You brought the baby back to
14 418?

15 A. That's right.

16 Q. And you took him into 418 and
17 tried to settle him down?

18 A. That's right.

19 Q. How long did it take you to
20 do that?

21 A. It took me quite a while
22 because again they wanted - first they wanted the
23 baby placed in 100 per cent oxygen and then they
24 wanted to do another blood gas to see if the baby's
25 pO2's were improving in the oxygen.



1
2 Q. Yes. Approximately how long
3 were you with him after he returned to 418 from the
4 echo lab?

5 A. I would say about another hour
6 and a half.

7 Q. Until approximately 2 o'clock
8 in the morning?

9 A. Somewhere around there, yes.

10 Q. All right. During that hour and
11 a half were you at all in Room 423 to see or to do
12 anything for Allana Miller?

13 A. No, I was not.

14 Q. Were you in Room 418
15 continuously throughout that period?

16 A. Yes, I was.

17 Q. After administering - I am
18 sorry, after taking Allana Miller's apex at a quarter
19 to 12 is it your evidence then, Miss Nelles, that
20 you did not again go into Room 423 until approximately
21 2 o'clock in the morning?

22 A. That's right.

23 Q. Now, as we have said, Allana
24 Miller had to have gentamicin at 1 o'clock in the
25 morning.

A. That's right.



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Q. And you did not go to administer that, as we have heard?

A. That's right.

Q. When did you make arrangements for that medication to be administered?

A. I don't recall whether I told Mrs. Trayner to administer the medication or whether in fact she had seen it as team leader having been in the medication room and knew that I was busy with Justin Cook.

Q. Yes.

A. In any event at about 1 o'clock she came into the room with the medication ticket and the gentamicin drawn up.

Q. But you don't have any recollection as to whether you had asked her to do that?

A. I can't remember, no.

Q. Were you surprised when she came into the room with the medication ticket and the medication drawn up?

A. I was not surprised that she would be giving Allana her 1 o'clock medication because I could not get away to give it.

Q. Sure.



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A. The only thing that did surprise me to some extent was that she would check, she would actually bring the medication in to check with me because it is not normally a medication that is needed to be checked.

Q. Gentamicin I take it is an antibiotic?

A. That's right.

Q. And you do not normally, or did not normally check antibiotics with anyone else before administering them?

A. Right.

Q. You must have become aware at some stage prior to 1 o'clock that you were not going to be free to go and do that medication?

A. Right.

Q. But you have no recollection as to whether having realized that you then asked someone else, Mrs. Trayner or anyone else to have done it for you?

A. I could very well have, I don't specifically remember.

Q. Okay. So, you are with Cook until 2 o'clock in the morning. At this stage as I recall it you still haven't had a break, have you?



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B/cr 10

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A. That's right.

3

Q. You tried to get one then or

4

what did you do?

5

A. Yes, I did. I think it is

6

important too that while I was in Justin Cook's
room I could hear Allana Miller's monitor going off.

7

Q. Right.

8

A. And I recall at one point that

9

Mrs. Trayner came in with a strip off the monitor of
Allana Miller.

10

Q. Came into 418?

11

A. Right.

12

Q. Yes.

13

A. And showed it to Dr. Schaffer

14

or Dr. Soulioti, one or the other.

15

Q. Have you any idea of

16

approximately what time that was?

17

A. I don't remember. It was

18

some time after I returned from the cath lab.

19

Q. All right.

20

A. I'm sorry, the echo lab.

21

Q. Yes. All right, it is now 2

22

o'clock and Cook is finally settled in. Is it at
that stage that you went to try and get a break?

23

A. Yes. It was even after that

24

25



1
2 because I did not record his 2 o'clock vital -
3 record her 2 o'clock vitals.

4 Q. Okay. The flow sheets on
5 page 36 of the chart, vital signs recorded at
6 2345, you told us about that, 2400, 0100 and then
7 0145 and the 0210.

8 A. Right.

9 Q. Is any of those entries in
10 your handwriting?

11 A. No, they are not.

12 Q. Do you recognize the hand.
13 Is the 2345 in your writing?

14 A. Yes, it is.

15 Q. Okay, but none of the others?

16 A. No.

17 Q. Do you recognize the hand that
18 wrote them? There may be more than one hand there,
19 I don't know.

20 A. I think there are.

21 Q. All right. And you are not
22 able to help us as to who may have made those
23 entries of vital signs?

24 A. I believe I recognize some
25 of the writing.

Q. Do you have any measure of



1
2 confidence in your recognition because if you don't
3 I won't ask you to guess.

4 A. It's my feeling that at 0145
5 and the writing of 54 and irregular is Mrs. Trayner's
6 because it would seem to me it was then that that
7 kind of level, that kind of heart rate would be what
8 she was concerned about and what she would have
9 brought the strip in from the monitor because that
10 was the lowest rate it had been.

11 THE COMMISSIONER: 54, the pulse, is
12 that the one?

13 THE WITNESS: Right.

14 THE COMMISSIONER: It's not the blood
15 pressure it's the pulse that's the problem?

16 MR. LAMEK: Q. Blood pressure is
17 48 - or is that 88?

18 A. 98.

19 Q. 98, it couldn't be 48 - it
20 could be but it wouldn't be very healthy, would it?

21 A. No.

22 Q. All right. So, it is 98, is
23 it, all right. Before trying to get your break did
24 you go and take a look at Allana Miller at 2 o'clock
25 or thereabouts in the morning?

A. No, I did not.



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Q. Okay. Even though you knew
her monitor and alarm had been going off?

A. Yes, but I would assume that
she was being looked after and I simply walked out
of Justin's room and went to the desk.

Q. Okay, you made a sharp turn
and went down to the nursing station?

A. Right.

Q. Perhaps we can leave you there
until after lunch, how would that be, Mr. Commissioner?

THE COMMISSIONER: Quarter past 2.

MR. LAMEK: Thank you.

---Luncheon recess.

- - - -



AA
DP/PS

1
2 ---Upon resuming after the recess.

3 THE COMMISSIONER: Yes, Mr. Lamek.

4 MR. LAMEK: Q. Miss Nelles, when we
5 broke for lunch we were talking about the night of
6 Allana Miller's death and you told me of your
7 eventual escape from Room 418 with Justin Cook
8 about 2:00.

9 A. Some time after 2, yes.

10 Q. Can you tell me please what
11 happened then?

12 A. I went back out to the desk and
13 I recall standing at the front of the desk and Bertha
14 Bell came down the 4A hallway and she was walking in
15 the direction of the clean utility room.

16 Q. Yes.

17 A. And she said that Allana Miller
18 was vomiting. So I left the desk and went down to
19 Allana's room.

20 Q. Was that immediately after you
21 got to the desk from leaving 418?

22 A. A manner of minutes, yes.

23 Q. When you got to Room 423 what
24 did you find?

25 A. Phyllis Trayner was there with
Allana Miller and she had Allana sitting up because



1
2 Allana was vomiting.

3 Q. Then what happened?

4 A. Then I believe the reason that
5 Bertha Bell had left the room was to get a suction
6 cup and I believe at that time she also notified
7 Dr. Soulioti and while Phyllis and I were waiting
8 we got things ready to suction Allana.

9 Q. Can you go on and just tell us
10 what happened in sequence from there?

11 A. Then I believe Bertha Bell came
12 back in with the suction cup and we proceeded to
13 suction the baby. Then Dr. Soulioti came down to
14 have a look at Allana and see what she was doing.

15 Q. Yes.

16 A. Then she started to get into
17 difficulty.

18 Q. By that time are we approximately
19 at the 2:40 time shown in your note?

20 A. Right.

21 Q. So the events you have just
22 described occupied a period from some few minutes
23 after 2:00 until 2:40.

24 A. Right.

25 Q. Does your note then set out the
observations that you made when as you say the baby



1
2 began to get into difficulty, began to seizure, became
3 very rigid, extended legs and arms?

4 A. First Dr. Soulioti requested that
5 the baby be given some Lasix.

6 Q. Okay. So was that done?

7 A. Yes.

8 Q. Where did the Lasix come from?

9 A. I believe it was myself who went
10 to the medication room and got a vial of Lasix and
11 brought it back to the room with a syringe.

12 Q. Was it drawn up in the room?

13 A. Yes.

14 Q. By whom, by you?

15 A. I think so, yes.

16 Q. And handed to Dr. Soulioti for
17 administration?

18 A. Right.

19 Q. And within five minutes the baby
20 began to get into the difficulties that you describe
21 in your nursing note?

22 A. That is right.

23 Q. Indeed when you listened after
24 the seizure activities began to be manifest there was
25 no heart rate at all.

A. That is right.



1
2 Q. The code was called and the
3 arrest team arrived and were unable to resuscitate the
4 child and she was pronounced dead at 3:27 in the
5 morning.

6 A. Yes.

7 Q. Can we just go back over a couple
8 of things relating to that night because I confess I
9 have had the benefit of lunch time and talking with
10 Ms. Cronk to help me with a couple of matters. When
11 you first went up to the nursing station at about
12 10:00 I think you said, the first time you tried to
get a break?

13 A. Yes.

14 Q. Did you actually get to the nursing
15 station and get yourself seated before the alarm went
16 off on Allana Miller's monitor?

17 A. I don't remember.

18 Q. Do you recall at a much earlier
19 stage than this making notes about the events of the
night of March 21?

20 A. Yes, I do.

21 Q. Do you have a copy of those notes
22 with you?

23 A. Not here, no.

24 Q. I will give you the one without the
25



1
2 dog-ears. Do you recognize that as a copy of the note
3 you made of the events of the night of Allana
4 Miller's death?

5 A. Yes.

6 Q. When were the notes made, Miss
7 Nelles?

8 A. I believe some time around
9 the second week in April.

10 Q. Okay. If you turn to the second
11 page of the notes, really, what is concluded as the
12 second page, it is the back of page 1, I think, the
13 second full page of text.

14 MR. PERCIVAL: Is there any reason why
15 we cannot see this?

16 THE COMMISSIONER: I was just wondering
17 myself --

18 MR. LAMEK: Once we have them identified
19 and dated then there is no reason why you cannot.

20 THE COMMISSIONER: We are being premature,
21 Mr. Percival.

22 Q. There is a number 108 in the
23 top right hand corner of the page to which I am
24 directing your attention, Miss Nelles.

25 A. Right.

Q. And in the middle of the page you



1
2 say, "After this at approximately 2200 hours I sat
3 down at the back of the nurses' station for a few
4 moments. About ten minutes later I heard Allana's
5 monitor go off so I went down to see what the
6 problem was."

7 A. Right.

8 Q. These notes I take it were
9 made relatively close to the events that you have
10 described, as you have told me.

11 A. That is right.

12 Q. It appears that your recollection
13 at that stage was that you were at the nursing station
14 sitting down for about 10 minutes before you heard
15 the monitor.

16 A. Right.

17 Q. Does that assist your recollection
18 now?

19 A. As I say, I don't remember whether
20 I sat down or not but this would be more accurate than
21 my recollection now.

22 Q. It would be a fresher recollection,
23 I take it.

24 A. That is right.

25 THE COMMISSIONER: Before we go any
further, like Mr. Percival I have not read this thing



1
2 so I don't know, but is this supposed to be the same
3 time, at 2:00 that you were just talking about?

4 MR. LAMEK: No, 2200 hours, Mr.
5 Commissioner.

6 THE COMMISSIONER: Oh, this is before.

7 MR. LAMEK: Yes, this is 10:00 on the
8 occasion of Miss Nelles' first trip off to the nursing
9 station in an attempt to get a break.

10 MR. PERCIVAL: Would it be possible for
11 Mr. Lamek to elicit from the witness - I don't under-
12 stand the numbering, 107, blank, 108 and 109.

13 MR. LAMEK: I don't think I need to
14 elicit it from the witness. I can tell Mr. Percival
15 what we have done is be so kind as to copy the
16 comments on the back of the page as well as the
17 front of the page.

18 MR. PERCIVAL: Do I take it that the
19 witness has waived her solicitor/client privilege
20 as manifested at the top of the page?

21 MR. LAMEK: Plainly.

22 MR. PERCIVAL: I did not hear that
23 from the witness. I am sorry.

24 MR. LAMEK: I would hardly be
25 introducing a document as an exhibit with a privilege --

THE COMMISSIONER: Just a moment. I



1
2 take it you are going to tender this one as an
3 exhibit?

4 MR. LAMEK: Yes.

5 THE COMMISSIONER: Will you do that now?

6 MR. LAMEK: Yes, indeed.

7 THE COMMISSIONER: The notes then will
8 be Exhibit 392.

9 ---EXHIBIT 392: Notes prepared by Susan Nelles re.
10 death of Allana Miller.

11 MR. OLAH: Perhaps my friend could
12 clear up the numbering in the right hand corner of
13 the page.

14 THE COMMISSIONER: That is what he has
15 just done, Mr. Olah.

16 MR. LAMEK: The numbering is not mine.
17 I assume it to be that of Miss Nelles' solicitor but
18 page 107 had on its back the notes which appear on
19 the second sheet in the bundle and followed curiously
20 by page 108 which did not have notes on the back
21 and therefore proceeds straight to page 109. I have
22 just copied the back of page 107.

23 THE COMMISSIONER: To help me out, we
24 were talking about 2 p.m., what happened at 2 p.m.
25 Now you have gone back to what happened at 10 p.m.

MR. LAMEK: Yes, I had asked Miss Nelles



1
2 whether on the occasion of her first trip to the
3 nursing station at 10:00, 2200 hours she had actually
4 reached the station and sat down before she heard
5 Allana Miller's alarm go off.

6 THE COMMISSIONER: Yes.

7 MR. LAMEK: She could not recall today
8 so I then put to her a note that was made much
9 earlier as to the event which seems to record that
10 she was sitting down at the nursing station for ten
11 minutes before the alarm went off.

12 THE COMMISSIONER: All right.

13 MR. LAMEK: Perhaps it might be sensible
14 just to take a brief pause and let everybody read
15 through these notes. It might be useful.

16 THE COMMISSIONER: All right.
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Nelles, ex.
(Lamek)

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THE COMMISSIONER: Yes, Mr. Lamek.

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A. Right.

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Q. And then returned to Room 418.

A. Right. Well I simply went
to pick up Justin Cook.

10

11

12

Q. All right. My question was,
and I meant to ask it of course, at what time did
you take Justin Cook to the echo lab that night?

13

14

15

A. Immediately after I took
Allana's signs. I took Allana Miller's signs at
quarter to 12 in anticipation that I was leaving the
floor.

16

17

18

Q. And immediately thereafter you
went to collect Justin Cook and took him down to the
echo lab?

19

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A. That is right.

Q. Now, the 10 minute respite
that we have just been able to find, at about 10
o'clock, you then said you spent perhaps 20 to 30
minutes I think you said with Allana Miller when you
went down to her room to see what the problem was



1
2 with the monitor going off?

3 A. That is my recollection, yes.

4 Q. And if in fact you were about
5 10 minutes at the desk, at the nursing station before
6 you went to her room?

7 A. Right.

8 Q. Would that throw back by
9 perhaps 10 minutes the time when you went to admit
10 Cook?

11 A. It could very well, yes.

12 Q. The admission of Cook may have
13 been a little after 10:30 rather than at the 10:30
14 that you have suggested earlier?

15 A. I think the actual recording
16 of the vital signs, or my admission note for Justin
17 Cook states 2300.

18 Q. Yes.

19 A. That could very well have been.

20 Q. Would that be shortly after he
21 came onto the ward?

22 A. Yes.

23 Q. One of the first things you
24 did with him?

25 A. Yes.

Q. So perhaps it may be closer to



1
2 11 than 10:30 when he actually appeared on the ward?

3 A. It could have been, yes.

4 Q. And just one other thing about
5 the evidence earlier. We talked about buretrol,
6 and flushing IVs and that sort of thing, but we
7 also talked about administering ampicillin, in
8 your case, and subsequently that night administering
9 gentamicin, these would go into the buretrol as
well, would they not?

10 A. That's right.

11 Q. How do you administer a drug
12 into the buretrol, how physically do you do it?

13 A. You take a syringe with a needle
14 on the end of it and there is a rubber stop cork
15 in the top of the buretrol and you put the needle
16 into that rubber stopper and infuse the medication
into the buretrol.

17 Q. Now I know you said you had
18 never seen it done, but if you are flushing a
19 buretrol with a syringe, would you similarly have a
needle on the syringe?

20 A. I would imagine so.

21 Q. That is something you have not
22 seen done as yet?

23 A. Right, and I have not done it
24
25



1
2 myself, right.

3 Q. What was your reaction to the
4 death of Allana Miller?

5 A. I was very upset.

6 Q. Yes, I take it you were always
7 upset when a patient died?

8 A. Yes.

9 Q. Were you anything other than
10 or in addition to upset, were you surprised, were
11 you concerned?

12 A. I felt sort of - it was
13 a difficult night because I really - although she
14 was my patient I had really not spent a lot of
15 time with her. I was aware, as I say, when I was
16 with Justin Cook that her monitor had been going
17 off numerous times, but I was unable to attend to
18 her myself. So I really was not, I did not feel that
19 I knew her that well and knew what was going on when
20 I wasn't with her. I mean, there was a whole period
21 there for about two hours that I had not seen her.

22 Q. Have I now had then your
23 best recollection of the events of the night upon
24 which Allana Miller died?

25 A. Yes.

Q. If we can just go back for a



1
2 moment to Kevin Pacsai, before we move forward again.
3 You will remember that we referred to the nursing
4 note which recorded Dr. Costigan as having been
5 there - not the nursing note, his own note, in the
6 progress notes, recording his attendance in the room
7 at 5:30 in the morning.

8 A. I don't have his chart.

9 Q. Here it is. Well, let's look
10 at mine, it is all the same. It is page 63 of the
11 chart and at 5:30 Dr. Costigan recorded he was asked
12 to see Kevin, you remember that?

13 A. Right.

14 Q. Do you recall me asking you
15 whether that was the first time that Dr. Costigan
16 had been in to see Kevin that night?

17 A. Yes.

18 Q. And I believe you told me,
19 yes, it was.

20 A. I think it was, yes.

21 Q. Once again your counsel has
22 been good enough to provide me with notes that you
23 made about the events of that night. I take it he
24 has no objection to my referring to them and putting
25 them to you, and if appropriate offering them as
an exhibit, do you have a copy of those notes?



1

2

A. No, I don't.

3

4

Q. You identified that as a copy
of the notes that you made earlier for purposes of
your then counsel?

5

6

THE COMMISSIONER: I take it they have
been distributed at the moment, Mr. Sopinka, so
I take it you are answering Mr. --

7

8

9

MR. SOPINKA: It seems my decision has
been pre-empted, I thought they were for my friend's
use.

10

11

THE COMMISSIONER: Yes.

12

MR. LAMEK: I had understood quite
the contrary from Mr. Brown.

13

14

THE COMMISSIONER: All right, no harm
done then.

15

16

17

MR. LAMEK: Q. Do you recognize this
as a copy of the notes that you made about the
events of the night of Kevin Pacsai's death?

18

A. Yes.

19

Q. And when were they made, please.

20

21

22

MR. PERCIVAL: Mr. Commissioner, I am
not trying to object, but it seems to me - I would
have thought it is the 'witness' protection and
privilege not for her counsel.

23

24

25

THE COMMISSIONER: Well, her counsel



1
2 can speak for her.

3 MR. PERCIVAL: Well, I would like to
4 think so but I still have not heard from the witness.

5 MR. SOPINKA: I don't know why my
6 friend is suddenly so protective of Susan Nelles,
7 his clients certainly didn't show much concern. I
8 can tell you that my instructions are, I am acting
9 in accordance with instructions and we have nothing
10 to hide and as evidence of that we have produced the
11 notes that she gave to Mr. Cooper, and I hope that
12 the police will follow that example, it took us
13 months to get the Police Report.

14 THE COMMISSIONER: Everybody is right
15 here, and Mr. Percival is right that it is the
16 client's privilege, but it is still right that you
17 can speak for her and you can exercise that privilege
18 on instructions, which you are doing. So at any
19 rate these documents are now --

20 MR. LAMEK: Q. You were about to tell
21 me when the notes were made, Miss Nelles?

22 A. I believe these were the notes
23 that were made at the request of Mrs. Radojewski
24 when she phoned me to tell me about the death of
25 Kevin Pacsai.

Q. Yes.



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A. But I believe that there were additions and you can see there is writings in the margins, et cetera.

5

Q. Yes.

6

A. Which I believe to be additions made by both Mr. Cooper and David Cole.

7

8

THE COMMISSIONER: Now, did we find out the date that they were made.

9

10

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MR. LAMEK: They were made following Mrs. Radojewski's phone call so that would be shortly after March the 18th I take it, it was a Wednesday the date that she called you at home?

13

14

THE WITNESS: Yes I think the notes were made the 19th.

15

THE COMMISSIONER: The 19th of what?

16

MR. LAMEK: Of March.

17

THE WITNESS: Of March.

18

THE COMMISSIONER: Yes. Yes, oh I understand back after the call to Belleville?

19

THE WITNESS: That's right.

20

MR. LAMEK: Q. And were then perhaps expanded for Mr. Cooper and Mr. Cole's purposes?

21

22

A. Yes.

23

THE COMMISSIONER: The Wednesday was not the 19th, so --

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MR. LAMEK: It was the 18th I believe.

3

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THE WITNESS: I believe I made them
after that.

5

THE COMMISSIONER: Oh, I see, you made
them on the Thursday?

6

THE WITNESS: Right.

7

8

MR. LAMEK: Q. Following a call on
Wednesday evening from Mrs. Radojewski?

9

A. Right.

10

11

MR. LAMEK: Perhaps, Mr. Commissioner,
it might be useful to take a pause to permit those
notes to be read.

12

13

THE COMMISSIONER: Yes. Can we also
make them a number, Exhibit 393.

14

15

---EXHIBIT NO. 393: Handwritten notes prepared by
Susan Nelles the 19th of March,
1981.

16

17

MR. PERCIVAL: Some of this is not
legible, is the original available, are they going
to be marked as an exhibit?

18

19

MR. LAMEK: I have seen Xerox copies,
these are copies of Xerox copies, Mr. Commissioner.

20

21

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THE COMMISSIONER: It is possible the
witness may be able to read them for us. You can't
push Mr. Sopinka any further than he has already
gone, but maybe if we can't read them he might be



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able to help by referring to the original. Where is
the original, is the original available?

3

4

MR. SOPINKA: If there is any problem
reading it I think that I can be of some assistance.

5

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THE COMMISSIONER: Yes, all right.

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2 MR. LAMEK: Q. Miss Nelles, with
3 respect to the notes the question is really a short
4 one. On the third sheet in the bundle, which is
5 numbered 110 in the top right hand corner, at the
6 bottom of the page, the last three or four lines,
7 having described what you found when you returned
8 to Kevin Pacsai's room you said:

9 "As Dr. Costigan and Dr. Kantak were
10 still on the floor at that time I
11 notified them of the change in the
12 infant and they came to look at the
13 strip. Babe was in 17% oxygen at this
14 time..."

15 And going over to 111:

16 "I believe it was this time also baby
17 gagged and vomited the 7 cc.'s he had
18 taken previously."

19 And so on:

20 "He was suctioned to ensure there was
21 no further fluid, mucous present."

22 The next paragraph:

23 "The baby's apex continued to be
24 irregular, I believe it was at this
25 point that Mrs. Trayner, Dr. Costigan
and myself noted the occasional appearance



1

2

of what would seem to be a 2 to 1
block occurring when the apex dipped
below --"

3

4

5

Is that 80?

6

A. Right.

7

8

Q. "However, this seemed to disappear
for a short while and Dr. Costigan left
the room."

9

And then you refer to:

10

11

12

"After about 15/20 minutes voicing
concern to Doctors Kantak and Ning
and they came by to examine the child."

13

Towards the bottom of the page:

14

15

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"After they had left baby's behavior
appeared quite unusual at these times
as well since he seemed to be gagging
and his eyes would draw back in his head
for a second before becoming normal
again, alternated between being very
quiet and settled to being very
frantic and upset but the reason I noted
this is because it was a very sudden,
drastic change with no apparent reason
behind it.

Again, I called Dr. Kantak into the room



and learned at this point that Dr. Ning
had left the ward."

You then say you:

"...noticed a 2 to 1 block again.

I suggested that Dr. Costigan be
asked to return to the ward, which he
did."

Does that assist your recollection as to whether
Dr. Costigan appeared for the first time at about
5:30 or whether he had earlier been in to see Kevin?

A. I'm sorry, he must have been there
before.

Q. Indeed, Dr. Costigan appears to
have been there twice; once shortly after you got
back to the room and first observed the change in the
child and then later after Dr. Ning had left.

A. That's right.

Q. Yes, okay. Now, can we go to
the Saturday night, please, the night upon which Justin
Cook died. You came on the evening shift at what
time? What time did you reach the ward, do you
remember?

A. I don't remember exactly when it
would have been, it would have been some time around
7:00.



1
2 Q. Around 7:00. Did you check what
3 your assignments were for the night?

4 A. Yes, I did.

5 Q. is that the first thing that one
6 does when one arrives on shift?

7 A. Usually, yes.

8 Q. All right. And you found that
9 you were assigned to constant care of Baby Cook that
10 night?

11 A. Right.

12 Q. All right. Did you then go to take
13 report?

14 A. I believe so, yes.

15 Q. Is that the report that is given
16 in the conference room with the off-going shift and
17 the on-going shift all together?

18 A. Right.

19 Q. All right. And in the course of
20 receiving report from the day shift what if anything
21 did you learn about your patient for the night, Justin
22 Cook?

23 A. I remember learning that he had
24 a heart catheterization that day.

25 Q. Yes.

A. I believe Miss Mandal told us the



1
2 results of the heart catheterization. I recall her
3 telling us that Baby Cook had had a blue spell, I believe
4 somewhere around 5:30, 6:00 in the evening, and that
5 the cart had actually been brought into the room and
6 that there was quite a bit of concern about that
7 blue spell.

8 Q. Yes.

9 A. I recall being told that he had
10 received propranolol at that time and that I believe
11 one of the physicians had asked that propranolol be
12 kept right at the bedside. So, I believe it was Mrs.
13 Mandal who told me that there was propranolol taped
14 to the end of the bed.

15 Q. Yes.

16 A. I think she also told me that
17 Justin was on oral propranolol on a regular basis
18 and that there had not been enough on the floor, so,
19 Mrs. Scott had had to go to another floor to get it
20 so that the amount for the evening would be in the
21 fridge.

22 Q. All right.

23 A. Other than that, she told me
24 about the heart cath, what time the child had gotten
25 back from the cath and we have a special procedure
that we do in regard to vital signs and petal pulse



1
2 and what not on the child once he is returned from
3 the cath lab. I believe she told me at that time
4 they were having difficulty obtaining the petal pulse
5 in the light of the cath.

6 Q. Were you also told at that time
7 that Justin Cook was going to surgery the following
8 morning?

9 A. Yes, I was.

10 Q. Right. And was it your understand-
11 ing that that was an emergency measure and that the
12 surgery had been quickly arranged?

13 A. Yes. I don't know whether Marie
14 told me that or whether I actually read that in the
15 chart later.

16 Q. Did you also receive any instruc-
17 tions as to the child's resting and being kept quiet
18 and something of that sort?

19 A. Not from Mrs. Mandal, I don't
20 remember hearing that from her but she could have
21 told me.

22 Q. All right. Did you then go to
23 Room 418?

24 A. Yes, I did, I left report early.

25 Q. I'm sorry?

A. I left the report before it was



7
1
2 finished.

3 Q. All right. And Mrs. Scott was
4 in Room 418?

5 A. Right.

6 Q. She had been caring for the baby
7 during the day?

8 A. Right.

9 Q. Indeed, as we have heard from her
10 and as we know from the chart from about 6:00 onwards
11 the time of the blue spell she had been assigned to
12 provide constant care to Cook.

13 A. Right.

14 Q. So, I take it she couldn't leave
15 until you arrived.

16 A. That's right.

17 Q. All right. Did she tell you any-
18 thing further about Justin Cook's condition?

19 A. I don't recall anything else but
20 she may have told me some of the things that Marie
21 had told me.

22 Q. All right. And what happened
23 then?

24 A. I believe that she asked one of
25 the nurses in the room to stay with Justin for a minute
while she and I did the narcotic count.



1
2 Q. And she had been the controller
3 of the narcotic keys that day, had she?

4 A. I believe she must have counted
5 the narcotics in the morning.

6 Q. Yes. And now although she was on
7 constant care she was the person responsible for
8 counting narcotics at the end of the shift?

9 A. Yes.

10 Q. And you were the person who was
11 going to take over the keys from her?

12 A. Well, Phyllis was busy in report
13 and I was the only other RN on the floor.

14 Q. Yes.

15 A. So, I would be the most logical
16 one to do the narcotic count.

17 Q. All right. So, the two of you went
18 off to the medications room.

19 A. Yes.

20 Q. And did the narcotic count.

21 A. That's right.

22 Q. And then you took the medication
23 and cupboard keys, I take it

24 A. That's right.

25 Q. Did you then go back to 418?

A. Yes.



1

2

Q. And begin care of Justin Cook?

3

A. That's right.

4

5

Q. What was his condition when you arrived in 418 having now taken over from Mrs. Scott?

6

A. I think he was resting comfortably.

7

Q. Did you take vital signs at that point?

8

A. Yes, I did.

9

10

Q. Had vital signs been taken at 7:00 by Mrs. Scott? The flow sheets are at page 65 of the chart. Page 65 shows vital signs, it shows sign off at 7:00 by Mrs. Scott.

11

12

13

A. Right. I don't see any apex, no.

14

15

Q. And then the first set of vital signs on the next page are at 8:00 I believe, are they not?

16

17

A. Right.

18

19

Q. So, it doesn't appear that you took vital signs as soon as you arrived on the floor.

20

A. Well, I would have been in report until about 7:30.

21

22

Q. Yes.

23

A. And then I would have done the narcotic count. So, I mean, we would have been in that

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1
2 range from quarter to to quarter after.

3 Q. So, it was getting to the time
4 for the 8:00 vital sign by the time you really took
5 over the child.

6 A. Right.

7 Q. Right. Was there indeed Inderal
8 taped to the end of the bed as Mrs. Mandal had said?

9 A. That's my recollection, yes.

10 Q. What is your recollection of
11 what you saw?

12 A. I believe there were two syringes
13 taped to the end of the bed.

14 Q. Were they filled with material?

15 A. Yes, they were.

16 Q. Was there anything taped with
17 them?

18 A. There were labels on the syringes
19 themselves and I believe the two empty vials were
20 taped to the bed as well.

21 Q. Now, you were on constant care
22 and therefore you were stuck in that room unless
23 there was someone to look after that baby for you.

24 A. Right.

25 Q. Well, how long did you stay in
the room? When did you first leave the room that



1
2 evening?

3 A. I believe it was somewhere around
4 11:00.

5 Q. Well, prior to 11:00 there had
6 been some rather unusual happenings on the floor had
7 there not?

8 A. Yes.

9 Q. The evening doses of digoxin had
10 been delayed, do you recall that?

11 A. Yes.

12 Q. It didn't affect you because your
13 child wasn't on digoxin.

14 A. Right.

15 Q. And therefore you didn't have
16 a 9:00 dose to administer anyway.

17 A. That's right.

18 Q. And since you were on constant care
19 I take it you weren't responsible for administering
20 medications to any other children.

21 A. That's right.

22 Q. But you were aware that there
23 was a delay in administering the 9:00 digoxin doses.

24 A. Yes. I wasn't told that first hand.

25 Q. Yes. But you heard that on the
floor? Someone must have mentioned it to you, I take it.



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ex. (Lamek)

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A. Yes.

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Q. You regard that as very unusual?

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A. I think I was led to believe that they had taken the digoxin elixir from the floor and were checking the concentration of it.

Q. Do you remember who told you that?

A. I believe it must have been Mrs. Trayner.

Q. And then subsequently the word came that you were permitted to give the evening doses of digoxin. Do you recall that happening?

A. I knew they were told to go ahead, yes.

Q. You say you first left Room 418 at about eleven o'clock?

A. Sometime in that area, yes.

Q. How did it come about that you left the room at that time?

A. Mrs. Trayner relieved me for a break.

Q. When Mrs. Trayner relieved you for a break, had you learned by that time that there had been instructions to lock up the digoxin on the ward?

A. I don't remember if I heard



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that before but, at the time that I was leaving for my break and was giving Mrs. Trayner the keys, she said, "Would you please lock up the digoxin."

Q. You had had the medication cupboard keys throughout the first part of the shift?

A. That's right.

Q. Is that unusual, to have a nurse on constant care nursing holding the medication keys?

A. It is not unusual in light of the fact that I had done the narcotics count and, obviously, no one had had the need to give a narcotic.

Q. Why were you giving the keys to Mrs. Trayner when you went off on your break?

A. Because I had left the floor for a minute.

Q. Where did you go?

A. I went downstairs.

Q. On leaving the floor, it is necessary, I take it, to leave the medication keys?

THE COMMISSIONER: I am lost. These are the narcotics keys?

THE WITNESS: Right.



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THE COMMISSIONER: I thought you
said Phyllis Trayner asked you to lock up the digoxin?

THE WITNESS: She did.

THE COMMISSIONER: Why did you give
her they keys then? I'm missing something here.

MR. LAMEK: I think what Miss
Nelles said, sir, was that she was giving Mrs.
Trayner the keys and Mrs. Trayner asked Miss Nelles
to lock up the digoxin.

Q. I gather you did that and
then --

A. Then I came back and gave her
the keys.

Q. So, we will come to that.

THE COMMISSIONER: All right. You
went and did lock up the digoxin.

You do it whatever way you want,
but at what point --

MR. LAMEK: We will get there, I
promise you.

THE COMMISSIONER: At what point did
you leave the floor?

THE WITNESS: I went to give Mrs.
Trayner the keys and she said, "Before you go, will
you please lock up the digoxin", so I went to the



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narcotics cupboard and I locked up the digoxin and I went back to the room and gave Mrs. Trayner the keys and left.

MR. LAMEK: Q. And then went off the floor?

A. Right.

Q. Shortly after eleven, you think?

A. Somewhere around there.

Q. Now, let us go over that a little more slowly.

Mrs. Trayner came to relieve you for a break.

A. Right.

Q. And you intended to go off the floor. As I understand, you were going downstairs for something, a newspaper or something of that sort?

A. Right.

Q. And you could not go off the floor and take the keys with you?

A. Even when you go on break, even though you are usually around the nurses' station, it is probably better practice to give the keys to the person who is on the floor.

Q. So, you were going to give the



1
DD5 2 keys to Mrs. Trayner when you went off on break --
3 A. Right.
4 Q. -- at about eleven o'clock?
5 A. Somewhere around there, yes.
6 Q. And she said to you, we have
7 to lock up the digoxin. Will you go and lock it up.
8 A. Right.
9 Q. So, you kept the keys and
10 you went to the medication room and locked up the
11 digoxin?
12 A. Right.
13 Q. Did you lock up all the
14 digoxin?
15 A. No, I did not.
16 Q. What did you lock up?
17 A. It is my recollection I was
18 only told to lock up the parenteral direct digoxin
19 and the tablets.
20 Q. All right, the IV preparation
21 and the tablets?
22 A. Right.
23 Q. You understood that you were
24 not required to lock up the oral elixir?
25 A. Right.
Q. Do you think that is strange,



DD6 1
2 that one variety should not be locked up and the
3 other should be?

4 A. I guess that I felt that they
5 had checked the bottle of elixir that we had on the
6 floor and I did not think it strange at the time, no.

7 Q. Did you think it strange
8 that the other varieties of digoxin were being locked
9 up?

10 A. No, I did not.

11 Q. That had never happened before,
12 had it?

13 A. No, but there seemed to be
14 some concern as to the strengths, again, of the
15 digoxin and I knew that they had counted the numbers
16 that we had.

17 Q. Was that your understanding
18 at least for the reason of locking up the parenteral
19 and tablet digoxin?

20 A. So that they could keep a
21 better eye on how much was being used.

22 Q. You did not at that stage
23 even think of the possibility that, in some way,
24 this might have something to do with the information
25 you had received on Wednesday night from Mrs.
Radojewski?



1
DD7 2 A. No, I did not.
3 Q. Although it did appear that
4 digoxin had been involved in some way with the death
5 of Kevin Pacsai?
6 A. Right.
7 Q. But that connection did not
8 occur to you?
9 A. I did not connect them, no.
10 Q. So, you locked up the IV
11 preparation and the tablets , and was there elixir
12 left out on the counter?
13 A. I would imagine so, yes.
14 Q. What did you do then? You
15 returned to 418 and gave the keys to Mrs. Trayner?
16 A. Right.
17 Q. And you went off on your
18 break?
19 A. Right.
20 Q. You went off the floor?
21 A. Yes.
22 Q. How long were you off the
23 floor?
24 A. Only for five minutes or so.
25 Q. You were back on the fourth
floor. Where did you go for the balance of your



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break?

A. To the back of the nurses' station.

Q. Do you recall how long you were there?

A. I really don't remember.

Q. You told me yesterday that sometimes it happens on constant care that the breaks you take tend to be a little longer than when you are not on constant care.

A. Right.

Q. Do you recall if that was the situation on the night of March 21st/March 22nd?

A. I recall that I was not relieved for a break until after eleven o'clock. Usually, your first break occurred before that time, so perhaps it was longer than it might have been.

Q. Perhaps 30 or 40 minutes, something of that order?

A. Right.

Q. Do you recall whether there was anyone else out at the nursing station when you were on that break?

A. I remember other people being there but I don't remember who it was or what times



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they were there or anything.

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Q. You cannot put names and

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faces to the people who were there.

5

At the end of your break, what

6

did you do?

7

A. I went back to 418.

8

Q. Did Mrs. Trayner stay with

you for a while or did she then leave?

9

A. I think she left.

10

Q. Did she at that time give

11

the keys back to you?

12

A. No, she did not.

13

Q. Did you ever again in the

course of that shift have control of the keys to
the medication cupboard?

15

A. No, I did not.

16

Q. You probably are aware of

17

this, Miss Nelles, in any event, I tell you - and,

18

Mr. Commissioner, the reference is in, first, Volume

19

103 of our transcript, pages 3397 to 3398 and 3400

20

and, again, in Volume 105, pages 3946 to 3947 - Lynn

21

Johnstone has given evidence here that, in the course

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of her rounds at 12:30, she saw the oral elixir

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digoxin out on the counter and asked why it had not

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been locked up. Mrs. Trayner said you had the keys

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and that Mrs. Trayner obtained the keys from you
at that time; that is to say, approximately 12:30 to
one o'clock.

I take it, from what you have told
me today, your recollection is rather different as
to the time the keys were given to Mrs. Trayner?

A. That's right.

THE COMMISSIONER: Maybe I'm wrong,
but did not Johnstone say that she saw her deliver
the keys?

MR. LAMEK: That is what I had
understood, sir. Let us have a look at the particular
language. First, in Volume 103, page 3397, is the
explanation given by Mrs. Trayner to Miss Johnstone
according to Miss Johnstone. She said, "I noticed" -
this was at the time of her 12:30 and one o'clock
rounds:

"I noticed that the digoxin elixir
was sitting on the counter in the
medication room."

"Q. And not locked - not in the
cupboard?"

"A. And not locked in the cupboard,
no, and I asked Mrs. Trayner about
it and asked her why it wasn't



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locked up and had she not been told, and she said, yes, they had been told but she didn't have the keys. Susan Nelles had them and that is why she hadn't locked it up."

"Q. Did you ask her why she could not have obtained the keys from Susan Nelles?"

"A. Yes, I did, but I didn't get a reasonable answer."

Said Mrs. Johnstone.

Then, at page 3400 of that same volume:

"Let us go on just for a moment with the question of the digoxin which had not been locked up. Did you regard the explanation given to you by Nurse Trayner as a satisfactory explanation for the dig. not being locked up at 12:30 in the morning?"

"A. No, I didn't. I said there was no reason why she couldn't get the keys; we will get them as we go around seeing the rest of the children."



Nelles
ex. (Lamek)

DD12

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"Q. And did you do so?"

3

"A. Yes."

4

Which appears to suggest that Miss Johnstone's evidence was that she saw Mrs. Trayner get the keys or they were picked up in her presence.

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7

Again, at Volume 105, in redirect examination, you may remember, sir, that Mrs.

8

9

Trayner's evidence from the preliminary had been put to Miss Johnstone by, I think, Miss Cecchetto, and there was a distinction between those two pieces of evidence. Fairly, I think Mrs. Trayner's was more consistent with Miss Nelles' evidence than with Miss Johnstone's.

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"Q. And she read to you the passages from Nurse Trayner's evidence, and that takes us to page 3706 of our transcript. And it was pointed out to you that, of course, there was an inconsistency and a contradiction between what Nurse Trayner had said at the preliminary inquiry and what you had said here in the course of your evidence."

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"A. Yes."



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"Q. And one aspect of that contradiction was that you had given it as your evidence here that not only did Nurse Trayner say to you, when you enquired about the digoxin not being locked up, Nurse Nelles has the keys, but you also said that, in your presence, she had then obtained the keys from Nurse Nelles in Room 418."

"A. That is right."

"Q. Whereas it would appear from Nurse Trayner's evidence at the preliminary inquiry she had received the keys from Nurse Nelles some time prior to midnight."

"A. Yes."

So, we have fairly, I think, Mrs. Trayner and Miss Nelles saying that the keys were handed over before midnight, which is essentially what I understand Miss Nelles to be saying today, and Miss Johnstone's evidence is that she saw them handed over about 12:30.

Q. I guess you can't help us to rectify that difference, can you, Miss Nelles?



Nelles
ex. (Lamek)

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A. No. I gave you my answer
to the best of my recollection.

Q. Your recollection is clear
so far as you are concerned as to the time when you
gave the keys to Mrs. Trayner?

A. I know I definitely gave her
the keys because I was leaving the floor.

Q. And you did not receive them
back from her subsequently?

A. I don't recall that I did,
no.

MR. LAMEK: Mr. Commissioner, it
is fourteen minutes past three. Would it be an
appropriate time to take a break?

THE COMMISSIONER: Yes. We will
take 20 minutes.
--- recess.



1
2 ---Upon resuming.

3 THE COMMISSIONER: Yes, Mr. Lamek.

4 MR. LAMEK: Thank you, sir.

5 Q. Miss Nelles, I think we got you
6 back from your first break on the Saturday night.

7 A. Right.

8 Q. From the time you returned from
9 your break, and I think you said at that point Mrs.
10 Trayner left the room, did you then remain with Justin
11 Cook in Room 418 for a period of time?

12 A. Yes, I did.

13 Q. For how long?

14 A. Until ^{Phyllis} Sui relieved me for
15 my next break.

16 Q. What time was that?

17 A. I believe it was around 2:30,
18 some time around 2:15 to 2:30.

19 Q. And the period between your return
20 from your first break and your being relieved for
21 your second break, do you recall anybody coming into
22 Room 418? We know that Janet Brownless and Mrs.
23 Christie had patients in that room, were they in the
24 room at all in that time?

25 A. I can't remember exactly, but I
think they were, yes.



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3 Q. Do you recall anyone other than
4 Miss Brownless and Mrs. Christie being in Room 418 in
5 that period between your two breaks?

6 A. I remember Bertha Bell coming in
7 for a certain length of time.

8 Q. Have you any idea approximately
9 when she came in?

10 A. I can't remember.

11 Q. Did she appear to come for a
12 particular purpose, or was she merely visiting, or
13 what?

14 A. I think she came to see me, and
15 she came to see the condition of Justin Cook.

16 Q. How long did she stay, to the
17 best of your recollection?

18 A. I think she came on more than one
19 occasion.

20 Q. Yes.

21 A. And I think at one point she may
22 have stayed a little longer, maybe 15 to 20 minutes.

23 Q. Other than the two RNA's who had
24 patients in the room, and Mrs. Bell as you have told
25 us, do you recall anyone else coming into Room 418
in the period between your two breaks?

A. I believe Dr. Jedeikin came into



1
2 the room.

3 Q. Yes.

4 A. He had been in at the beginning
5 of the shift, and I believe it was him that told me
6 that I was to disturb Justin Cook as little as
7 possible. Then he returned again, he was out of the
8 hospital for a period of time and he came back after,
9 he returned to the hospital to make sure everything
was all right before he went to bed.

10 Q. And is it your recollection that
11 he came into the room in that period between your return
12 from your first break and your departure for your
13 second break?

14 A. I believe so, yes, it may have
15 been earlier but I am not sure.

16 Q. You say he had told you to
17 disturb Justin as little as possible.

18 A. Right.

19 Q. Did he give you any reason for
that?

20 A. It seemed that when - and this
21 is certainly typical of any child with heart disease,
22 that they tend to, when they get upset and what not
23 they get blue. So he felt that Justin's blue spell
24 at 6:00 had perhaps been when he had been upset, and
25



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2 so if he was disturbed as little as possible then
3 that would avoid him getting into difficulty.

4 Q. We know that Justin Cook was
5 going to surgery the following morning.

6 A. Right.

7 Q. Does that have any bearing upon
8 the treatment, or care, that you provide to a child
9 the night before he goes to surgery?

10 A. Yes, it does.

11 Q. What effect does that have?

12 A. Primarily in terms of feeding.

13 Q. In terms of?

14 A. Feeding.

15 Q. How does it effect feeding?

16 A. The child was ordered nothing to
17 drink after 4:00, and the last - I believe in
18 Justin Cook's case he was not on formula that
19 afternoon or evening anyway, but normally his last
20 feed would be just glucose and water.

21 Q. Is that a standing order for
22 patients who are going to surgery the following morning,
23 no food or drink after 4:00 in the morning?

24 A. Yes. Except that with the
25 infants it is more dependent on the time of the
surgery, but in this case where it is an emergency



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2 surgery and they would be doing it first thing in
3 the morning, yes, I think he was actually ordered
4 NPO after four.

5 Q. Were the parents in the room at
6 all at any time prior to your going for your second
7 break?

8 A. I think they were in before the
9 first break.

10 Q. Yes. At approximately what
11 time?

12 A. I believe around 9:30 - 10:00,
13 I can't be sure.

14 Q. And both parents?

15 A. The mother poked her head in the
16 door one time around 8 or 8:30, and then she was
17 gone again, and both parents came back around 9:30
18 or 10.

19 Q. For how long did they stay?

20 A. I would say again about 15 or
21 20 minutes, maybe.

22 Q. Did either parent hold the child
23 at all, or was the child left in his crib?

24 A. I asked them if they would like
25 to hold him and they said, no.

Q. Now when you got back from that



1
2 first break, how was the baby?

3 A. I believe he was sleeping.

4 Q. Did he appear to be calm and
5 settled and so on?

6 A. That is my recollection, yes.

7 Q. And in the period between your
8 return from your first break and your departure for
9 your second break, how was he?

10 A. He seemed to be stable.

11 Q. Did he sleep throughout that
12 period, or was he awake, or what happened?

13 A. I seem to recall that he slept
14 for most of that period.

15 Q. And then at 2:30, you believe
16 2:15, 2:30 I think you said Mrs. Trayner came back to
17 relieve you for your second break?

18 A. That's right.

19 Q. How are you able to fix that
20 time?

21 A. Because when Phyllis came back
22 into the room to relieve me Justin woke up, and it
23 was decided that because he was awake at that stage
24 we would give him his last feeding rather than wake
25 him again at 4:00.

Q. The baby was on propranolol you



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2 said?

3 A. Yes.

4 Q. Would you turn to the med. sheet
5 with me, page 17 of the chart.

6 A. 17?

7 Q. Page 17, there is also an 8 on
8 the page but 17 is in the top right hand corner;
9 do you have that?

10 A. Yes.

11 Q. You appear to have signed for a
12 dose of propranolol on the night of the 21st at
13 midnight.

14 A. Right.

15 Q. Can you tell me the circumstances
16 of that administration of propranolol?

17 A. It is my recollection that after
18 I came back from my first break, I asked Phyllis
19 to stay in the room a moment longer while I went out
20 and prepared the propranolol.

21 Q. Now, the prior order for the
22 child had been 3 milligrams administered orally every
23 8 hours?

24 A. Right.

25 Q. On the afternoon of the 21st,
as I recall it, the order had been changed had it not?



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A. That's right.

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Q. To 4 milligrams every six hours.

4

A. Right.

5

Q. Where did you find the propranolol
to administer to the baby?

6

A. This was what had been mentioned
to me in report.

8

Q. Yes.

9

A. And I found a syringe with 3
milligrams of propranolol in the fridge labeled by
Sui Scott.

11

12

Q. Were you content to use that
notwithstanding it had been drawn by another nurse?

13

14

A. I didn't like doing it, no, but
I asked Mrs. Trayner if she thought it was all right
and she said, yes.

15

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Q. That accounted for the 3 milli-
grams; what did you do about the 4th milligram?

17

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A. I had been told by a physician
in the past that in an emergency, if you were not
able to have any oral propranolol available that it
was acceptable to use the parenteral propranolol in
the same manner.

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Q. I take it there was no further
oral preparation of propranolol in the medication

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2 room?

3 A. That's right. Mrs. Scott had had
4 to go to another ward in the hospital to find it,
5 and I didn't really have time to be going all over
6 the hospital looking for propranolol.

7 Q. So did you therefore, for the
8 fourth milligram, the additional one that you needed,
9 use the parenteral preparation?

10 A. That's right.

11 Q. Did you check with anyone first
12 as to whether you should do that?

13 A. Yes, I did.

14 Q. With whom?

15 A. I asked Phyllis.

16 Q. I'm sorry, you asked?

17 A. I asked Mrs. Trayner about it.

18 Q. And did she say it was all right
19 for you to do that?

20 A. Yes, she did.

21 Q. So you therefore had 4 milligrams
22 of propranolol, 3 being the oral preparation which
23 Mrs. Scott had labeled and left in the refrigerator
24 during the day?

25 A. Right.

Q. Plus one milligram of the parenteral



Nelles
ex. (Lamek)

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preparation?

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A. Right.

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Q. That is what you administered at
midnight?

5

A. That's right.

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Q. Now if we turn to your nursing
note at page 296 under the date March 22nd of 1981,
and you had, the earlier part of the page recorded
the happenings of the early part of the shift.

9

10

A. Right.

11

Q. The first sentence is:

12

"Babe settled well after 2:30 feeding."

13

Is that the feeding that a moment ago you told me
you and Mrs. Trayner decided should be given at that
time rather than wait until 4:00?

14

15

A. That is correct.

16

17

Q. Why would you not wait until
4:00?

18

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A. Because as I say he was awake,
and rather, as per what Dr. Jedeikin had said, we
felt that rather than wake him again at 4:00 he was
already awake at this time so we would give him his
last feeding.

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Q. Who in fact gave him that
feeding?

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A. Mrs. Trayner did.

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Q. Did she do it in your presence?

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A. I got the feeding ready for her
but she did not do it in my presence, no.

5

Q. Did you leave for your break?

6

A. Yes, I did.

7

8

Q. As you left for your break was she
about to begin feeding him, or had she begun, or what?

9

10

A. I don't remember. As I say, I
had prepared - I think I had warmed the bottle and
everything for her.

11

12

Q. Is that a matter which also helped
you to fix the time of your break at about 2:30?

13

A. Yes.

14

15

Q. And so you went off for your
break, where did you go for your break?

16

17

A. Again to the back of the nursing
station.

18

19

Q. You didn't go off the floor that
time?

20

A. I don't think so, no.

21

Q. How long were you out there?

22

A. My recollection is it was about
45 minutes.

23

Q. And you therefore left about 2:30

24

25



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2 and you were out until about 3:15.

3 A. Somewhere around there, yes.

4 Q. Was anyone else out back of the
5 nursing station while you were out there?

6 A. Yes.

7 Q. Do you recall seeing anyone else?

8 A. I think I remember seeing Bertha
9 Bell. I remember seeing Lynn Johnstone and Janet
10 Brownless was there for a time.

11 Q. Do you recall seeing Mrs. Christie
12 anywhere outside Room 418 while you were on your break?

13 A. I can't remember.

14 Q. As far as Mrs. Bell is concerned,
15 do you have any recollection as to when you saw her,
16 at the beginning of your break, the end of your
17 break, or some time in between?

18 A. I'm sorry, I don't remember.

19 Q. How about Mrs. Johnstone, do you
20 have any recollection as to when you saw her?

21 A. It seems to me it was more towards
22 the end of my break, but I can't remember.

23 Q. For what period of time do you
24 remember Mrs. Johnstone being present while you
25 were out on the break?

A. As I say, the way I seem to



1
2 remember is that it was in the latter part of my
3 break, again maybe the last 10 or 15 minutes.

4 Q. At the end of your break, which
5 was probably around 3:15, did you go back to Room
6 418?

7 A. Yes, I did.

8 Q. Who was there when you got there?

9 A. I know that Mrs. Trayner was
10 there, and I think that Janet Brownless was there,
11 but I am not sure.

12 Q. And you now, if you will, relieve
13 Mrs. Trayner, she had been relieving you and you now
14 took over again.

15 A. Right.

16 Q. Did she leave immediately or did
17 she stay for a while, what happened?

18 A. I don't recall. My recollection
19 is that she left.

20 Q. Can you turn with me to the
21 flow sheet in the chart, it is at page 66. At page
22 66 there are recorded the vital signs from 8:00 in the
23 evening through to 3:45 in the morning, and then
24 4:56 the time the child is pronounced dead. I do not
25 see vital signs at 3 a.m.

A. That's right.



1
2 Q. Is there some reason for that,
3 there is 3:00 and then 3:45, is there some reason
4 for no vital signs being recorded for 0300?

5 A. I do not believe I was with the
6 child at that time, so I don't know.

7 Q. Would you expect your relief
8 nurse to take vital signs if she were there and you
9 were not?

10 A. Yes, in most circumstances, but
11 she may have been aware again of what was suggested
12 in terms of Justin Cook that he not be disturbed.
13 For my - in performing my duties I felt that I wanted
14 to know how he was doing, and that it really did not
15 disturb him to put the stethoscope on his chest for
16 a short while and listen, but that was strictly for
17 my own sake, that was my way of being able to assess
18 him.
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Q. All right. Someone else may have made a different judgment of that?

A. That's right.

Q. And decided to take no chance at disturbing him, as you are suggesting?

A. Right.

Q. All right. So, you are now back with Justin Cook and Mrs. Trayner leaves, is that right?

A. Right.

Q. And how is the baby at that stage?

A. He's sleeping.

Q. All right. And appears to be perfectly comfortable?

A. Seems fine, yes.

Q. All right. And what did you do?

A. I asked Janet Brownless if I could help her in any way because she had three or four other babies in the room and Justin was asleep. So, I asked her if I could help her and she said yes that I could either feed or comfort the baby next to Justin Cook.

Q. And did you do that?



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A. Yes, I did.

3

Q. Did you take the baby in your
4 arms?

4

5

A. Yes, I did.

6

Q. Were you sitting, what, between
7 the beds or something of that sort?

7

8

A. I was sitting right next to
8 Justin Cook's bed facing him and Janet Brownless
9 handed me - did everything for me in terms of, she
10 handed me the baby and I believe I fed him or her
11 but I am not sure.

11

12

Q. All right. And how long did
12 you continue sitting beside Justin Cook's bed holding
13 the other baby?

13

14

A. Until I noticed there was
15 difficulty with Justin.

15

16

Q. All right. Now, we know from
16 your note that that occurred at about 3:45?

17

18

A. Right.

19

Q. Again page 29 of the chart:

20

"Baby settled well after 2:30 feeding,
20 rested comfortably until about 3:45".

21

When you made the observation that his hands were
22 more cyanosed?

22

23

A. Right.

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Q. There was sufficient available light in the room for you to be able to detect the colour in the baby's hands?

A. That's right.

Q. And what did you do?

A. I called out for Mrs. Trayner.

Q. Right. Did she come into the room?

A. Yes, she did.

Q. Did anyone come with her?

A. Lynn Johnstone came with her and I believe Bertha Bell came shortly after, if not at the same time.

Q. All right. Can you tell us what then happened?

A. I asked them if they thought that Justin looked bluer and they said yes, so, we increased the oxygen and while we were sort of standing there observing him he began to seize.

Q. And you then observed the matters that are noted in the balance of your nursing note on page 29?

A. Right. I must say too that I still had the baby that I was feeding or comforting.

Q. Yes.



1
2 A. And Janet Brownless came and
3 took that child out of my arms.

4 Q. All right. Now, when the
5 seizuring started was a doctor summoned?

6 A. Yes.

7 Q. Who came?

8 A. Dr. Kantak.

9 Q. And what did he do?

10 A. He observed the child and then
11 I believe he went and phoned Dr. Jedeikin.

12 Q. Yes, and then what?

13 A. I'm not sure of the exact
14 order. I know that he gave one dose of propranolol
15 and I think maybe he did that before he went and
16 phoned Dr. Jedeikin but it could have been the other
17 way around, I can't remember exactly.

18 Q. Now, is that an IV administration
19 of the propranolol?

20 A. Yes, it was.

21 Q. Where did he get that drug?

22 A. I believe from the end of the
23 bed.

24 Q. And then you think he may have
25 gone and called Dr. Jedeikin. He came back and, what
did you say, administered more propranolol?



1
2 A. I think that when he spoke to
3 Dr. Jedeikin, Dr. Jedeikin suggested to him that he
4 administer - he observe the child and then if that
5 first dose of propranolol wasn't working that to
6 give him another dose and then consider using
7 atropine and then morphine.

8 Q. All right. And Dr. Kantak did
9 administer a second dose of propranolol?

10 A. I believe he did, yes.

11 Q. Also intravenously?

12 A. I think so, yes.

13 Q. Do you know where that
14 medication came from?

15 A. Again, I think it was the end
16 of the bed but I can't be sure because by then, by
17 this time I am sure the cart had been brought into
18 the room.

19 Q. Who brought the cart into the
20 room?

21 A. I think Bertha Bell.

22 Q. And the two doses of propranolol
23 did not seem to help the baby?

24 A. I thought initially it was and
25 then it did not.

Q. All right.



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A. He still had an apex though.

3

4

Q. Yes. You record then about
seven or eight lines from the end of your note:

5

"The baby's apex then began to dip and
was approximately 72."

6

A. Right.

7

8

Q. "Atropine was given at this
point with good effect."

9

Who gave the atropine?

10

11

12

A. Again, either - I am not sure
if Dr. Jedeikin had arrived at this time, I don't
think so, I think Dr. Kantak administered these
drugs on the request of Dr. Jedeikin.

13

14

Q. All right. And you say "And
then morphine".

15

A. Right.

16

17

18

Q. "Dr. Jedeikin arrived and made
arrangements for the baby to go to the
ICU."

19

20

21

By this time, was there anyone else in
the room. We've got you and we've got Mrs. Trayner,
Mrs. Bell, Lynn Johnstone and Dr. Kantak. Was there
anyone else there?

22

A. I don't really know.

23

Q. All right. Do you recall

24

25



1
2 whether Kathy Coulson arrived at some point?

3 A. I remember her being there at
4 some point, I don't remember when she arrived.

5 Q. All right. But arrangements
6 were made to get Justin Cook to the ICU?

7 A. Yes.

8 Q. And events I guess overtook
9 you and indeed there was an arrest at 4:20 was there
10 not?

11 A. Right.

12 Q. At that time the full team
13 arrived, the Arrest Team, and resuscitation efforts
14 ensued and was unsuccessful. Again, you were there
15 throughout that resuscitation effort?

16 A. Yes, I was.

17 Q. And assisting in it?

18 A. Yes.

19 Q. The baby is pronounced dead
20 at 4:56 in the morning.

21 A. Right.

22 Q. Do you recall that blood was
23 drawn from the baby during the course of resuscitation?

24 A. Yes, I do.

25 Q. Is that unusual?

A. No, it's not.



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Q. Did you know for what purpose

3

blood was --

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THE COMMISSIONER: I am sorry, it is
unusual or it is not?

5

THE WITNESS: No, it is not.

6

THE COMMISSIONER: Fine.

7

8

MR. LAMEK: Did you know for what
purpose blood was being drawn at that stage?

9

A. For blood gases.

10

Q. That was your understanding?

11

A. Yes.

12

Q. And it is I take it not uncommon
for blood to be drawn for blood gases during
resuscitation efforts?

13

14

A. That's right.

15

16

Q. All right. So, the fact that
blood was being drawn then didn't cause any question
or comment at all from you?

17

18

A. No, it did not.

19

20

Q. All right. Are you also aware
that blood was drawn from the child after he had
been pronounced dead?

21

22

23

24

25

A. I believe so. I can't really
remember that for sure. I recall that Dr. Jedeikin
was instructed to take samples from the intravenous



1
2 bag and that I assisted him in doing that.

3 Q. All right.

4 A. And he could have taken a sample
5 from the baby but I really don't remember.

6 Q. Had you ever seen blood drawn
7 from a child after the child had been pronounced
8 dead?

9 A. No, I had not.

10 THE COMMISSIONER: I am sorry, it is
11 just that you said that Dr. Jedeikin had been
12 instructed - by whom?

13 THE WITNESS: By Dr. Fowler.

14 THE COMMISSIONER: Oh, Dr. Fowler was
15 there at the time?

16 THE WITNESS: No, he was not, Dr.
17 Jedeikin had called Dr. Fowler to tell him that the
18 baby had died.

19 MR. LAMEK: Q. And you understood
20 from what Dr. Jedeikin then said that Dr. Fowler
21 had said to him get samples from the IV?

22 A. That's right.

23 Q. And you helped him to do that?

24 A. Yes, I did.

25 Q. But you do not recall now
whether he drew blood from the child after the death?



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A. I really can't remember for sure, no.

Q. All right. Do you recall whether subsequently in that shift there was any discussion among the nurses on the floor about blood having been drawn from the child following the pronouncement of death?

A. I don't remember that, no.

Q. Okay. Did the parents arrive after the child had died?

A. Just the father and an uncle.

Q. And what did you do?

A. As I say, I first helped - after Dr. Jedeikin had spoken with Dr. Fowler I went with him into the room and helped him get all of the intravenous equipment out of the garbage and helped him take the samples that he required from the IV solutions.

Q. Yes.

A. And then I proceeded to prepare the child for viewing by the parents. I believe it was at this time that Dr. Jedeikin came back and said that it was then that he said that I just want to say that I think this baby received excellent nursing care. The father and the uncle then arrived



1
2 on the floor and at that time the father did not want
3 to see his son and the uncle did. So, the uncle did
4 go and see Justin and Dr. Jedeikin and I had talked
5 to the father and the uncle and told them of what
6 had transpired during the course of the night and
7 then the father and the uncle left.

8 Q. Okay. And did you take the
9 baby down to the morgue?

10 A. Yes, I did.

11 Q. What was your reaction to the
12 death of Justin Cook?

13 MR. STRATHY: Just before we go on,
14 Mr. Commissioner. Is my friend, or is the witness
15 refreshing her memory and recollection from a
16 further...

17 MR. LAMEK: No, I believe what Miss
18 Nelles has in front of her is a copy of the chart,
19 is it not?

20 MR. STRATHY: I wasn't sure. Thank
21 you very much.

22 THE WITNESS: I am sorry.

23 MR. LAMEK: That's all right.

24 THE COMMISSIONER: No, I think you were
25 invited to look at the chart, so, there is nothing
wrong with that.



1

2

MR. LAMEK: Yes indeed.

3

MR. SOPINKA: Nothing sinister.

4

THE COMMISSIONER: No.

5

MR. LAMEK: Q. I think I had asked
what was your reaction to the death of Justin Cook.

6

A. I was very upset.

7

8

Q. In light of what you knew of
the child and his condition, in light of what you had
observed in the early part of the shift were you at
all surprised at his death?

10

11

A. No, I wasn't.

12

13

14

Q. Now, you subsequently learned
of course that Justin Cook was found to have at the
time of his death very high serum concentrations of
digoxin?

15

A. Right.

16

17

Q. I take it that came as a
considerable surprise to you?

18

A. I did not learn that until---

19

Q. The middle of the following
week?

20

A. That's right.

21

22

Q. Yes. When you learned it was
it a surprise to you?

23

A. It certainly was.

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Q. Did you, during the course of the night of March 21st/22nd administer any digoxin to Justin Cook?

A. No, I did not.

Q. Or any medication other than the propranolol for which you signed at midnight?

A. No, I didn't.

Q. To your knowledge, did anybody else administer any medication of any kind to Justin Cook that night?

A. No, they didn't, other than what Dr. Kantak gave.

Q. Yes, of course. And the arrest drugs and all that sort of thing, yes.

A. Yes.

Q. One other matter about those events. On Monday evening there was a meeting at the house of Mrs. Radojewski, do you recall that?

A. Yes.

Q. And you told my friend Mr. Sopinka something of the discussion there as it related to the Pacsai child?

A. Right.

Q. Is there anything more that you can recall of the discussion on the Monday



14 1
2 evening as it related to Pacsai, a possible cause
3 of Pacsai's death, the impending inquest and that
4 subject matter?

5 A. No, other than as I say I
6 think every one at that meeting was aware that there
7 was the possibility or that it appeared that an
8 inquest was going to take place into the death of
9 Kevin Pacsai and the discussion took place between
10 Mary Jean Halpenny and myself as to the administration
11 of his digoxin that night.

12 Q. Was that the first opportunity
13 that you had had to speak to Nurse Halpenny?

14 A. That's right.

15 Q. Since learning of the problem
16 of digoxin in Pacsai?

17 A. We had not worked together
18 since that night.

19 Q. So, the first time you saw
20 her was the Monday night at Mrs. Radojewski's house?

21 A. Right.

22 Q. And you took that opportunity to
23 ask her if she remembered checking with you the
24 dosage of drug for that baby?

25 A. That's right.

Q. And she did say that she had



1

2

so checked with you?

3

A. Right.

4

Q. All right. Going back for the

5

moment to the night Justin Cook died. During that

6

shift do you recall at any stage seeing the curtains
drawn around the baby's bed?

7

A. No, I do not.

8

Q. In particular, when you returned

9

from your second break at about 3:15 in the morning,

10

do you remember whether the curtains were drawn

11

around the bed at that time?

12

A. I don't remember that they

13

were, no.

14

Q. Would it be unusual to see

15

curtains drawn around a child's bed?

16

A. Yes, it would. I certainly

17

should clarify that. In an infant room such as this

18

where you have a number of, well, certainly one

19

child that requires constant care and five other

children who are, oh, probably less than six months
old.

20

Q. Yes.

21

A. Then I would say that it would

22

be unusual to have the curtains drawn around. I mean,

23

they are there for a purpose.

24

- - - -

25

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DP/ak

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Q. What is the purpose?

3

A. More so with the older children

4

in maintaining privacy for them.

5

Q. Excuse me just a moment. A

6

couple of general questions in retrospect if I may,

7

Miss Nelles. The chart of the Category A and B

8

deaths that we have been referring to throughout

9

your evidence discloses by my count, and I ask you
to trust me with this, that you were on duty on

10

Ward 4A for 15 deaths on Ward 4A. There were more than

11

15 deaths on that ward but you were on duty on the

12

ward for 15 of them.

13

A. Yes.

14

Q. For 11 of them you were

15

assigned to care for the patient on the night that

16

he or she died and that I take it means that you

17

had direct responsibility for that patient on the

18

night of his or her deaths. For another three of

19

the 15, that is to say Babies Gage, Warner and

20

Gionas you were acting as team leader on the night

21

the baby died. Mrs. Trayner was also there but

22

those were the occasions we have already discussed.

23

I take it on those nights you had an indirect

24

responsibility for the child, you had responsibility

25

for all of the children on those nights?



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A. Right.

Q. Of the 15 deaths which occurred on the ward with you there, there was only one, Baby Thomas, where you you had no responsibility direct or indirect for the child. You were neither team leader nor assigned to the care of that child.

Looking back over the sequence, did it ever occur to you that so many of the deaths for which you were present were deaths which involved you either directly as your patient or indirectly as team leader?

A. I don't recall really linking the deathsthat way. As I explained to you before, being the most senior person on the team, that when we had sick children that in all likelihood I would be the nurse assigned to that child and I remember - as I say I don't remember at the time of this linking them together and I certainly never made that observation before I was confronted with this sort of thing.

Q. Having now had that coincidence drawn to your attention, does any explanation for it occur to you?

A. No.

Q. You seem to have been involved in responsibility of one kind or another



1
2 for so many of the children who died in your presence.

3 A. Right.

4 Q. Let me ask you this by way of
5 retrospective question. During the whole of the
6 period from June 30, 1980 until March 22nd, 1981
7 did you see or hear or observe anything, any event,
8 any circumstances, any pattern that was in any way
9 suspicious or unusual or unexplained that may cast
10 any light on the cause or causes of death of these
11 children? Can you now recall anything which you
12 now consider may have some bearing on the deaths of
these children?

13 MR. SOPINKA: With the greatest of
14 respect, this has been a very fair examination but
15 I don't think that is a very fair question. She
16 has given a number of instances which may or may not be
17 considered suspicious. For my friend to ask that
18 question over the period of time it happened is
19 really not going to be of great assistance to you.
20 I suppose he could ask if there is anything else
21 that might help determining what the cause of death
was.

22 THE COMMISSIONER: I wonder,
23 Mr. Lamek, if you asked if she saw any physical
24 act, because that would help us and would not offend
25



1
2 any evidentiary principle.

3 MR. LAMEK: All right.

4 THE WITNESS: I can't recall anything.
5 I think the only thing that I have already said and
6 that I have thought about a lot is the Pacsai death,
7 and that there were very significant changes in that
8 child from the period that I last saw him and the
9 period after I returned from the arrest of
10 Manojlovich.

11 MR. LAMEK: Q. Recognizing the
12 limitation upon your qualifications as you very
13 properly pointed out to us in the course of your
14 evidence, Miss Nelles, is it now your judgment that
15 those changes were sufficiently drastic to suggest
16 the possibility of some intervention in that child's
17 course?

18 A. That has entered my mind, yes.

19 MR. LAMEK: Miss Nelles, thank you
20 very much. Those are all my questions.

21 THE COMMISSIONER: Now, Mr. Strathy,
22 what is your wish?

23 MR. STRATHY: In view of the hour,
24 Mr. Commissioner, I think I would prefer to start in
25 the morning.

THE COMMISSIONER: I'm going to do



1
2 whatever you want but if you ask my preference I
3 would prefer that you started. Can you not get
4 through some relatively - I am sure all your
5 questions will be harmless - but some relatively
6 harmless questions so we can at least get those
7 out of the way.

8 MR. SOPINKA: I was going to suggest
9 that he just ask the questions so we know what is
10 coming and we will answer them in the morning.

11 MR. PERCIVAL: Mr. Commissioner,
12 have you given any thought to whether we are going
13 to be sitting Friday or otherwise?

14 THE COMMISSIONER: I have given
15 some thought to it but I have not reached a decision.
16 I think probably not. I was very much worried about
17 the accommodation problem but a lot of that has
18 been solved. I think we are going to have another
19 room for the overflow and I think the overflow is
20 reducing. So I am not as worried as I was before.
21 The only thing is, if we were very close to finishing
22 with Miss Nelles and just a couple of hours on
23 Friday would do it, I think we should try. You
24 are not in trouble on Friday are you?

25 MR. PERCIVAL: No, I would just
like to plan Friday if I can.



1
2 THE COMMISSIONER: I'm just worried
3 about Mr.Sopinka now.

4 MR. SOPINKA: No, I am committed.
5 to this until Miss Nelles finishes her testimony but
6 she would like to get back to work and if we are
7 close to finishing it I would certainly like to urge
8 you to sit on Friday. So I think it would be better
9 if we did not make any hard and fast plans for
10 Friday.

11 THE COMMISSIONER: We can consider
12 tomorrow. Today is Tuesday. We can consider what
13 the situation is tomorrow. I will take some kind
14 of a poll at the end of the break tonight, or we
15 could do it now. Now long do you think you will be,
16 Mr. Strathy, all told?

17 MR. STRATHY: Under an hour, sir.

18 THE COMMISSIONER: Mr. Hunt?

19 MR. HUNT: I think several hours.

20 THE COMMISSIONER: Several hours.
21 Mr. Percival?

22 MR. PERCIVAL: The same,
23 Mr. Commissioner.

24 THE COMMISSIONER: I think that we
25 will find ourselves probably then on Thursday night
with quite a bit left. I may be wrong.



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2
3 MR. SOPINKA: I may be able to
4 shorten this. I was intending to save this until
5 the end of the day, but I am going to be making a
6 motion that the Attorney General and the Police
7 have no status to cross-examine and, very simply
8 put, the submission I made in the Court of Appeal
9 was that if this Inquiry was an extension of a
10 police investigation or a prosecution and it was
11 unconstitutional, the respondents urged the Court of
12 Appeal that it was not that, and in view of that
13 I don't know what status the police have and the
14 Attorney General has before this Inquiry.

15 THE COMMISSIONER: If nothing else,
16 the status of precedent. We have been going at this
17 thing for something like 10 months and although I
18 heard something about a letter written by somebody
19 to some other person about that status, nobody else
20 has mentioned it to me until this very moment.
21 I concede that some of my former colleagues in the
22 Court of Appeal may have heard something about it
23 but nobody has told me, and that is the status. I
24 cannot at this stage, it would be impossible to say
25 that they have no status.

MR. SOPINKA: You have not heard
of it from me because my client was not being



1
2 examined until now. I ordinarily do not argue
3 other people's cases. This is in contrast to some
4 other --

5 THE COMMISSIONER: I would have
6 thought that if it applied to your client it applied
7 to every witness. However --

8 MR. SOPINKA: In any event, I'm
9 just giving notice that that is going to be my
10 position.

11 THE COMMISSIONER: All right.
12 Can I give you notice that you have an uphill battle?

13 MR. SOPINKA: I'm grateful for that
14 but even without that notice I surmised that might
15 be case. I do point out that even the Supreme
16 Court of Canada is not bound by its own precedents
17 so I urge you to look at the matter afresh.

18 THE COMMISSIONER: I will think
19 about it hard overnight. All right.

20 Now, Mr. Strathy, that has given
21 you another 5 minutes grace.

22 CROSS-EXAMINATION BY MR. STRATHY:

23 Q. Miss Nelles, my name is
24 Strathy. I represent Phyllis Trayner.

25 As I have your evidence, as I under-
stand your evidence, apart from the one medication



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error involving Kristin Inwood you are not aware of any improper administration of digoxin or any other drug to any one of the 36 children that are under review by this Commission? Is that so?

A. That is true.

Q. And do you include yourself in that observation as well as your colleagues?

A. That is right.

Q. And further in respect to what you have just said to Mr. Lamek at the end of his examination in chief, the only event that you can point to that gives you particular concern is the change in the condition of Pacsai after you went back to the child?

A. That is right.

Q. And no doubt in the course of the preparation, assisting your counsel at the preliminary hearing, in the course of assisting your counsel in the preparation for this Commission, in the course of reviewing this thing as I'm sure you must have done time and again in your head, you have searched for some memory or some event that would give you or your counsel help, and this is as far as you can take us.

A. That is right.



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Q. Now, there is evidence before the Commission, I'm sure you have read it in the newspapers or seen it in the news, about your relationship with Phyllis Trayner, my client.

A. Right.

Q. And as I have followed your evidence I have heard reference to only three incidents which would suggest there was anything at all untoward or difficult in your relationship. It was your evidence about the disagreement concerning the Baby Dawson arrest; there was the incident concerning Gage when you were concerned that Phyllis may have taken over from you in the course of the arrest and there was also the disagreement about the pacemaker for Hines. Am I correct in that?

A. Those were my specific recollections but in approaching Mrs. Radojewski in October I think it was an accumulation of things that had made me go and speak to Liz.

Q. Would it be fair to say the things that developed were perhaps events that are bound to transpire in the close sort of relationship that you had with Phyllis as a team leader? In other words, let me put it to you this way. As I understand your evidence and let us take the time



1
2 that you started with the team in June, let us say
3 up until the end of December it was a fairly
4 tumultuous time for everyone.

5 A. Yes, it was.

6 Q. To be fair to you, your
7 coming on to the team as a new member and to be
8 fair to Phyllis she was relatively new as a team
9 leader?

10 A. Right.

11 Q. You were working in a
12 difficult atmosphere dealing with sick children.

13 A. Yes.

14 Q. And obviously some children
15 died during that period, as we have seen.

16 A. Right.

17 Q. Would it be fair to say that
18 the type of problem that you had with Phyllis that
19 you went to see Mrs. Radojewski about were the type
20 of problems of working out your relationship
21 together?

22 A. Yes, but I had not had the
23 difficulties with other team leaders and I had
24 worked with a few others.

25 Q. Were they the sort of
difficulties that had you and Phyllis at each



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other's throats day in and day out?

A. Not at all.

Q. I take it that there were days then when you got along fine and days when there were incidents?

A. That is right.

Q. I think you mentioned that after discussing the matter with Phyllis you were able to work out a more peaceable collegial relationship. Is that fair?

A. Things improved, yes.

Q. Dealing with those three incidents that you mentioned in the course of your evidence, first of all the Dawson, as I understand that, the dispute was over whether you should call a 23 or 25. Is that so?

A. That is right.

Q. And I gather that Dawson was really your second arrest situation certainly on the team. It was the second arrest that you had on the team?

A. I believe there was one other on 4B but actually on 4A, yes.



HH
DM/PS

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Q. Now, at that time, what was your understanding of, and I stress at that time, what was your understanding of when one should call a 23 and when one should call a 25?

A. It was my understanding that when a child was showing signs of difficulty that a 23 was a code that was used to get the doctor as soon as possible. A Code 25 meant that the child's heart rate had ceased.

Q. So it was your understanding that one would not call a Code 25, in other words, call for the arrest team until there had actually been a cessation of the heart rate?

A. That's right.

Q. Is that still your understanding, that you would have to wait for cessation of the heart rate to call a 25?

A. Yes, it is. In fact, I recall specifically asking, I believe it was Dr. Schaffer, if CPR was initiated; usually as I say, if a Code 25 is called then cardiac massage, cardiac compressions and the whole CPR regime is started. I recall asking Doctor, I believe it was Dr. Schaffer, if there could be consequences that could develop out of starting CPR, or particularly heart compressions



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2 before the heart had stopped, and he said, yes,
3 very serious ones.

4 Q. Yes, that would be my understanding
5 too, that while the heart is still going you would not
6 start external cardiac massage.

7 A. Right.

8 Q. But my question, and perhaps I
9 am not phrasing it correctly, I understood a Code
10 25, not necessarily to be starting the CPR but in effect
11 calling for the arrest team, am I right on that?
12 In other words, when you call a Code 25 you are
13 really saying to the switchboard, get an arrest
14 team down here.

15 A. Well, someone does make that
16 call, yes. But when you say call a 25, my understanding
17 is that the baby has ceased, has a heart rate of
18 zero.

19 Q. Well, based on what you now know
20 wouldn't it be possible to call a 25 to get the
21 arrest team there without actually starting CPR?

22 A. No. I would call a 23 because if
23 the baby had not ceased, if its heart rate had not
24 ceased, then I would call a 23 to get a physician
25 as soon as possible, and when I needed the arrest
team, I mean arrest means that he had stopped, that



Nelles
cr. ex. (Strathy)

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2 a child has arrested.

3 Q. So your feeling then with respect
4 to Dawson was that you should not call the arrest
5 team because the heart was still going?

6 A. That's right.

7 Q. Phyllis' feeling at the time, I
8 take it, was that the arrest team should be called.

9 A. That is my understanding, yes.

10 Q. Was she suggesting to you at the
11 time or did she in fact start a CPR on that child?

12 A. I don't remember. My recollection
13 is that I wanted to call a 23 and she wanted to call
14 a 25, and that the events, the baby's condition
15 warranted a stop of the discussion because she did
16 arrest.

17 Q. Before the arrest though you don't
18 recall the starting of CPR.

19 A. I don't remember.

20 Q. And as you say events overtook,
21 the baby's heart stopped and you called a 25.

22 A. Yes.

23 Q. Do you think it is possible that
24 as between you and Phyllis at that time, that is the
25 time of the arrest, Phyllis was perhaps a little bit
more uncertain what should be done and therefore she



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2 was prepared to err on the side of caution and call
3 the arrest team?

4 A. Well so was I then.

5 Q. Except you didn't want to call the
6 arrest team.

7 A. I wanted to call a 23 because I
8 felt the baby had not arrested.

9 Q. Do you think in terms of your
10 dealing with Phyllis at that time, let us say in
11 July and August, that she was perhaps a little less
12 sure of herself than you were?

13 A. No.

14 Q. Now then, the Gage incident in
15 September where you were team leading, if you
16 will. As I understood your evidence it was simply a
17 bit of a concern on your part that in terms of inter-
18 personal feelings Phyllis should have been a little
19 bit more sensitive to the fact that you were ostensibly
20 the team leader, is that fair?

21 A. Yes.

22 Q. So to be really fair it was no
23 big deal, was it?

24 A. I don't recall that that specific
25 incident was a particular big deal, but it did
warrant in the end, I think it added to the fact the



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reasons for why I confronted Liz with the problem.

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Q. Looking at it from her side of things, as team leader, it would be her responsibility to in effect lead the nurses at an arrest, is that so?

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A. Right.

Q. And there might be a good reason why she in September, after being team leader for only a few months, would be reluctant to in effect step aside and let somebody else do it, looking at it from her point of view.

A. Could be, yes.



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Q. Then dealing with the
Hines baby. With respect to the pacemaker I was not
clear on one aspect of your evidence. Do you recall
that it was you who actually went to get the pace-
maker?

A. I don't remember. It could
have been.

Q. If I were to suggest to you
that it was you and that in fact what happened was
that you went to get the pacemaker but you didn't
bring back the wires or the attachments to it, would
that refresh your memory at all?

A. It is my recollection that
it was the wrong pacemaker. There are, I forget
exactly but I believe sequential pacemakers and I
forget what the other ones are called, and I believe
I brought the wrong one, or whoever did go and get
it brought the wrong one.

Q. Just looking at your
memory of this, is it fair to say that it was probably
you that went to get it?

A. I can't remember who it was.

Q. It may have been you?

A. It may have been me, yes.

Q. And once again I take it that



Nelles
cr.ex. (Strathy)

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it was, whatever it was, a simple mistake that could
arise, I suppose, partly due to uncertainty as to
what the doctor wanted?

A. That's right.

Q. And once again, no particular
big deal in retrospect?

A. I don't think it was, no.

THE COMMISSIONER: I will release
you, if you would like, at this point from any
obligation to carry on. If this isn't a good time,
go ahead.

MR. STRATHY: Let me just ask one
other area, Mr. Commissioner, if I may.

THE COMMISSIONER: Yes.

MR. STRATHY: Q. At the very
beginning of your evidence, or close to the beginning
of your evidence, Mr. Lamek put a question to you
which I won't try and paraphrase but, in effect, he
said to you, were there times when you were concerned
over the deaths. I think you gave him two times,
one was in August when you went on holidays and one
was in March.

A. Right.

Q. Looking back at all of this,
do you recall July and early August and March as being



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HH2.3 2 the two times that really stand out in your mind?

3 A. Yes.

4 Q. And would it be fair to
5 say, looking back on your evidence, that you have
6 reasonably good recall of the babies and the events
7 in March and much less recall of the babies and the
8 events in July and early August?

9 A. Very much so, yes.

10 Q. I don't suppose that is too
11 hard for anyone to understand, back in early July
12 and August you had no idea that anything like this
13 would be happening.

14 A. Right, and I think that the
15 events in the middle of March, it was much more
16 important for me to remember or to try and remember.

17 Q. As we have seen, you made
18 an effort then to write down or keep track of --

19 A. Very soon after, yes.

20 Q. With the babies that you
21 were dealing with and in charge of in July and early
22 August, is there a particular reason why the events
23 don't stand out in your mind or is it simply that,
24 apart from the charts, there is little that you are
25 likely to recall?

A. I think it is just too long



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HH2.4 ago and I think the things that I recall were that we had a period where we had a number of very sick children.

MR. STRATHY: Thank you.

Maybe we could break at this stage.

THE COMMISSIONER: Yes. Until ten o'clock tomorrow morning.

--- whereupon the hearing was adjourned at 4:30 p.m. until Wednesday, the 4th day of April 1984, at 10:00 a.m.

